This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

LANE MEDICAL LIBRARY STANFORD
2 45 0417 5876

Digitized by Google

LANE

MEDICAL LIBRARY

LEVI COOPER LANE FUND

Digitized by Google

Digitized by Google

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

NEW SERIES, Vol. X. DECEMBER 31, 1921.

INDEX

TO

NEW SERIES, VOL. X

FOR THE YEAR 1921

BUREAU OF PUBLIC HEALTH EDUCATION
DEPARTMENT OF HEALTH, CITY OF NEW YORK

Digitized by Google

INDEX.

WEEKLY BULLETIN, NEW SERIES, VOL. X.—YEAR 1921.

PAGE

Alcohol—
Sanitary Code—Sections Affecting Medicated and Denatured 162
American Medical Association—
Infectiousness of Latent Syphilis—Journal of 92
Report—Special Committee on Narcotic Drugs Adopted by 226
American Public Health Association—
Fiftieth Annual Meeting of 82
Health Fortnight—in Connection with Meeting of 332
Semi-Centennial of 345
Anthrax—
Industrial Workers—Prevention of 395
Japanese Regulations 394
Pennsylvania—Case of 419
Physicians Supplied with Serum for Cases of 82
Routine Procedure in Examining Articles for Suspected 148
Arsphenamine—
Warning Regarding Fake 181
Australia—
Department of 188
Austria—
Typhus Fever—Five Suspicious Cases from Trieste 66
Automobiles—
Regulating Noises from 251
Babies' Welfare Federation—
Standard Rules for Infant Care 51
Work—1920—of 124
Baby Health Stations—
Schick Tests at 138
Bakeries—
Inspection of 314
Block, B—
Fined for Fraudulent Tuberculosis Cure 252
Botulism—
Bacteriological Diagnosis of Human 210
British Medical Journal—
Diphtheria Carrier of Unusual Type 12
Mortality in Eighteenth Century 411
Nott, J. C.—Part Played in Mosquito Theory 315
Broad Street Hospital Graduate School of Medicine—
Ship Doctors—Post Graduate Course at 277
Brooklyn, Borough of—
Trichiniasis—Case in 417
Typhus Fever—Two Cases in 49
Cancer—
"Cosmopolitan Cancer Research Society" 354
Data Regarding "Cosmopolitan Cancer Research Society" 387

Digitized by Google

PAGE

Educational Campaign Against 276
Health Mass Meetings to Control 67
National Cancer Week 276
Chicago—
Typhoid Fever Registration 418
Child Hygiene, Bureau of—
Midwives—Supervision by 153
Nurses—And Their Work in the 268
Pre-School Age Children—Special Study by 241
Children—
Examination of Pre-School Age 186
Special Study of Pre-School Age 241
Supervision of Children Boarded Out 177
Cholera—
Poland—Prevalence of Typhus and 52
Cincinnati—
Health Exposition at 399
Classification of Causes of Death and Sickness—
Revised International 41
Clinical Thermometers—
Regulating of 197
Clinics—
New Orleans, La.—Closing of Narcotic 106
Revised List of Dental 292
Work of Department's Dental 193
Work of Department's Wassermann and Venereal Disease 290
Work of Occupational 305
Communicable Diseases—
Physicians Fined for Not Reporting Cases of 161
Compulsory Education Law—
Employment Certificates—Issuance Transferred by 275
Contagious Diseases—
Reporting of Doubtful Cases of 369
"Cosmopolitan Cancer Research Society"—
Data Regarding 387
Journal of American Medical Association—Article on 354
Court Decisions—
Food Protection—Rendering of 265
Supreme Court of Massachusetts—Practice of Medicine 369
Croup—
Interesting Case of False 229
Dairymen's League News—
Commissioner Copeland Writes Letter Relative to Substitutes for Milk Fat to 172
Day Nurseries—
New Regulations for 267
Deaths—
Jenkins, W. T. 221
Dental Clinics—
Revised List of 292
Work of Department's 193

54666

Digitized by Google

INDEX.

PAGE

Dental Facilities—
Increase in 297
Diphtheria—
British Medical Journal—Article on Unusual Type of Carrier 12
Case in Man Eighty-three Years—of 101
Physicians—Appeal to Help in Further Control of 17
Private Schools—Prevention Work Against 68
Public Schools—Schick Test in Prevention of 105
Schick Test and Administration of Toxin-Antitoxin for 281
Statistics—Fourth Quarter—1919-1920 116
Statistics—First Quarter—1920-1921 181
Statistics—Second Quarter—1920-1921 260
Statistics—Third Quarter—1920-1921 386
Toxin-Antitoxin and Antitoxin—Proper Uses in Prevention of 105
Diseases—
Amendment to List of Reportable 50
Immigrant School Children—Observation to Detect Epidemic 97
Dogs—
Enforcing Muzzling of 267
Dried Milk—
Growth-Promoting Properties of Preparations of 301
Drinking Water—
U. S. Public Health Service—Investigation of 36
Drug Addiction—
U. S. Treasury—New Ruling on 370
Drug Addicts—
State Commissioner's New Order—Registration of 83
New Regulations for Narcotic 17
Drugs—
Regulations—Changes Affecting 25
Sanitary Code—Article 8A—Regulating Habit Forming 249
Eighteenth Century—
Mortality in 411
Ellenville, New York—
Vacationists Protected in 259
Employment Certificates—
Issuance Transferred to Board of Education, of 275
Encephalitis Lethargica—
New York City—Description of Epidemic of 89
World-Wide Prevalence of 140
Epidemic Diseases—
Immigrant School Children—Observation to Detect 97
Europe—
Board of Health—Declaration Regarding Infected Areas in 67
Examinations—Announcement of—
Assistant Director of Educational Work—U. S. Public Health Service 236
Exposition—
Closing of Public Health 377
Program of Public Health 361
Farmers' Sanitary League—
Organization of 258

Digitized by Google

PAGE

Flies—
Food—Protection from 265
Food—
Cleansing of Utensils for 259
Court Decision Regarding Protection from Flies and Dust of 265
Examination of Handlers of 227
Reasons for High Cost of 315
Sanitary Code Sections Amended Relative to Receptacles 186
Survey Made of City's Supply of Fuel and 345
Symptoms of Poisoning by 385
Foot Defects—
School Children and 380
Foundlings—
Department's Supervision of 177
Germany—
Typhoid Epidemic—Inoculation of Community in 75
Harrison Law—
Harris, L.—Conviction Upheld for Violation of 171
Hoyt, D. J.—Convictions Upheld for Violations of 171
Harrison, W. T.
Typhoid Outbreak Originating in Carrier 316
Health—Department of—
Dental Clinics for School Children—Report, 1920 193
Function of Various Bureaus of 129
Functions of Various Bureaus of 138
Sight Conservation Work in School 201
Health Exposition—
Cincinnati—Holding of 299
Closing of Public 377
Program of Public 361
Health Fortnight—
American Public Health Association and 332
Hospitals—
Malaria—Census in City 252
New U. S. Public Health Service 420
Regulation of Private 122
Tuberculosis Treated in Wards of 235
Hull. T. G.—
Value of Anti-Typhoid Vaccination 347
Immigrants—
Malaria Among 234
Typhus Fever Among School Children of 97
Industrial Health Posters—
List of 394
Industrial Nurses—
Lectures to 394
Industrial Workers—
Anthrax—Prevention Among 395
Infant Care—
Standard Rules for 51

Digitized by Google

PAGE

Infant Mortality—
Negroes—Reduction in 353
New York City—Continuation of Low 137
New York City—Reduction in 297
Infant Welfare—
Second English-Speaking Conference on 355
International Classification—
Causes of Death and Sickness—Report Submitted on 41
Jackson, H. W.—
Spinal Fluid Examination Diagnosis—Treatment and Prognosis of 33
Japan—
Regulations Regarding Exportation of Brushes 394
Jenkins, W. T.—
Death of 221
Knickerbocker Hospital—
Morphine Poisoning Death at 267
Laboratories, Bureau of—
Anti-Anthrax Serum Supplied by 82
Fire in Diagnosis Laboratory 116
Lancet, The—
Typhoid Carrier—Interesting History from 164
Typhus in Turkey and Russia 98
Lectures—
Course to Industrial Nurses 394
Public Health Education Topics 420
Legal Decisions—
Dentist's Death Caused by Soiled Towel 60
Prenatal Injuries Actionable 60
Leprosy—
Chaulmoogra Oil and 420
Lewi, M. J.—
Foot Defects in School Children 380
Lice—
Danger from Immigrant Carriers of 65
London, England—
Conference on Infant Welfare 355
Louisiana—
Narcotic Clinic Closed in New Orleans 106
Malaria—
Census of City Hospitals for 252
Immigrants and 234
Manges, M.—
Letter Regarding Smallpox Incidence in United States from 11
Massachusetts—
Practice of Medicine—Decision of Supreme Court of 369
Maternal Mortality—
New York City—Study in 169
Measles—
Statistics—Fourth Quarter—1919-1920 116
Statistics—First Quarter—1920-1921 147
Statistics—Second Quarter—1920-1921 260

Digitized by Google

PAGE

Statistics—Third Quarter—1920-1921 357

Meetings—
American Public Health Association 82
Health Mass Meetings to Control Cancer 67
Second English-Speaking Conference on Infant Welfare—London 355
Semi-Centennial of American Public Health Association 345

Midwives—
Regulations Amended Governing Practice of 196
Regulation of 324
Supervision of 153

Milk—
Commissioner Copeland Disapproves of Substitutes for Milk Fat 172
Growth-Promoting Properties of Preparations of Dried 301
New Regulations for 259
Prohibiting of Imitation Cream and 122

Milk Fat—
Commissioner Copeland Disapproves of Substitutes for 172

Milk Receptacles—
Care and Disposal of 251

Morbidity—
Revised International Classification of Causes of Sickness and Death 41

Morphine—
Death—Poisoning from 267

Mortality—
Eighteenth Century 411
New York City—1920— 329
New York City—Study in Maternal 169
Revised International Classification of Causes of Sickness and Death 41
United States—Large Cities—1920 217

Mosquito—
Originator of the Theory of the 315

Municipal Reference Library—
Public Health Division of 393

Muzzling—
Enforcing of Ordinance Requiring Dog 225
Prevention of Rabies—To Enforce Ordinance Requiring 145

Narcotics—
American Medical Association—Adopts Report of Special Committee on 226
Convictions Under Harrison Law Upheld 171
Drug Addicts—New Order by State Commissioner 83
New Orleans—Closing of Clinic for 106
New Regulations for 17
New York City—Deaths from 235
Regulation of Use of 226
Sanitary Code—Article 8A—Regulating 249

National Board of Medical Examiners—
Work of 340

Negroes—
Infant Mortality Reduced Among 353

New Orleans, La.—
Narcotic Clinic Closed in 106

Digitized by Google

PAGE

New York, State of—
Drug Addict Registration—New Order by Department of Narcotic Drug Control of 83
New Regulations Promulgated by State Narcotic Commission of 17
New York City—
Epidemic Encephalitis Lethargica in 89
Infant Mortality—Decrease in 137
Infant Mortality—Reduction in 297
Maternal Mortality in 169
Mortality—1920—Comparison with Large European Cities 329
Rabies—Prevention Work in 341
Tuberculosis—Reduction in 321
Typhus Fever—Clinical Histories of Cases in 121
Venereal Diseases—Reported Cases in 289
New York Medical Association—
Whiteside, G. W.—Statement Regarding 393
Noises—
Section 229 of Sanitary Code Amended to Regulate Automobile 251
Nott, J. C.—
Mosquito Theory Originated by 315
Nurseries—
New Regulations for Day 267
Nurses—
Work of Bureau of Child Hygiene 268
Occupational Clinic—
Work of Department's 305
Otisville Sanatorium—
Septic Process Complicating Case of Pulmonary Tuberculosis at 356
Para-Typhoid Fever—
Statistics—Third Quarter—1921 380
Patent Medicines—
Information Requested Relative to Fraudulent 124
Regulations—Changes Affecting Proprietary and 25
Pemphigus—
Interesting Case of 188
Pennsylvania—
Anthrax Regulations in 419
Physical Examinations—
Pre-School Age Children 186
Physicians—
Communicable Diseases—Non-Reporting—Fines Imposed on 161
Communicable Diseases and Reporting by 81
Diphtheria Control—Appeal to 17
Post Graduate Course for Ship 277
Suspecting Food Poisoning Cases—Department Requests Reporting by 385
Young Physician Wanted in New Jersey Village 396
Plague, The—
Department's Anti-Rat Campaign Against 57
Poland—
Typhus and Cholera in 52
Typhus Fever—Campaign in 124

Digitized by Google

PAGE

Poliomyelitis—
New York City—1920-1921 273
New York City—Status of 337
United States—Prevalence of 275
United States—Prevalence of 347
Posters—
List of Industrial Health 394
Poultry Slaughter Houses—
Regulation of 196
Prenatal Injuries—
New York Supreme Court Upholds Action for Damages 60
Private Schools—
Diphtheria—Prevention Work in 68
Prosecutions—
Block, B.—Fined $500—Fraudulent Tuberculosis Cure 252
Harris, L.—Conviction Upheld for Violation of Harrison Law 171
Hoyt, D. J.—Conviction Upheld for Violation of Harrison Law 171
Public Health Exposition—
Closing of 377
Program of 361
Publications—
Reprint No. 92—Accuracy of Schick Reaction 83
"Routine Care of Babies" 51
Pulmonary Tuberculosis—
Septic Process Complicating Case of 356
Quarantine—
Declaration Made by Department of Health Regarding Infected Areas Abroad and 67
Rabbits—
Tularaemia—Disease Transmitted to Man by 396
Rabies—
Case of 409
Muzzling of Dogs to Be Enforced to Prevent 225
New York City—Prevention of 145
New York City—Prevention of 341
Randall's Island—
Donation of Toys Resquested for Children at 346
Rats—
Department's Campaign Against 57
Regulations—
Drugs—Patent and Proprietary Medicines—Changes in 25
Research Laboratory—
Whooping Cough Investigation—Physicians' Aid Requested by 313
Restaurants—
Supervision of 314
Rickets—
Study and Follow-Up of 225
Russia—
Typhus Fever—Prevalence in 98
San Antonio, Texas—
Vaccination Ordinance Upheld by Court of Appeals in 60

Digitized by Google

INDEX.

PAGE

Sanitary Code—
- Automobiles—Section 229 Amended of 251
- Cleaning of Cooking and Eating Utensils—Section 144 amended 259
- Habit Forming Drugs—Article 8A 249
- Imitation Milk and Cream Prohibited—New Section 179 122
- Medicated and Denatured Alcohol—Section 130 Amended of 162
- Midwifery Regulations Amended 196
- Milk Receptacles—169A Added to 251
- Milk Regulations—Regulation 5 Amended 259
- Poultry Slaughter Houses—Regulations Amended 196
- Private Hospitals Regulated—Section 220 122
- Regulation 17 Adopted—Day Nurseries 267
- Reportable Disease List—Section 86 Amended 50
- Sections Affecting Food Receptacles Amended 186

Scarlet Fever—
- Interesting Case of 188
- Septicaemia Simulating 99
- Statistics—Fourth Quarter—1919-1920 116
- Statistics—First Quarter—1920-1921 180
- Statistics—Second Quarter—1920-1921 260
- Statistics—Third Quarter—1920-1921 357

Schick Test, The—
- Baby Health Stations 138
- New Rules Regarding Distribution of Outfits for 113
- Public Schools—Toxin-Antitoxin Immunization and 105
- Toxin-Antitoxin Administration and 281

School Children—
- Foot Defects in 380
- Typhus Fever—Observation to Detect in Immigrant 97

Schools—
- Diphtheria—Prevention Work in Private 68
- Schick Test and Toxin-Antitoxin Immunization in the Public 105
- Sight Conservation Work in the 201
- Vaccination to Include All Pupils of Private 123

Septicaemia—
- Kingston Avenue Hospital—Interesting Case of 99

Shaving Brushes—
- Japan—Regulations Regarding Exportation of 394

Sight Conservation—
- Department's Work in Schools on 201

"Sleeping Sickness"—
- Description of Epidemic 89
- World-Wide Prevalence of 140

Smallpox—
- Former Fatality of 35
- United States—Incidence of 11
- United States—1920—Increase in 123

Statistics—
- Births, Marriages, Stillbirths and Deaths from Principal Causes—1919-1920 11
- Diphtheria—1919-1920—and Five Year Average 17
- Diphtheria—Fourth Quarter—1919-1920 116

Digitized by Google

PAGE

Diphtheria—First Quarter—1920-1921 181
Diphtheria—Second Quarter—1920-1921 260
Diphtheria—Third Quarter—1920-1921 386
Dogs Unmuzzled—Summons Served January 1-July 25 267
Infant Mortality—White and Colored—1915-1920 353
Measles—First Quarter—1920-1921 147
Measles—Second Quarter—1920-1921 260
Measles—Third Quarter—1920-1921 357
Midwives—Year 1909-1920, Inclusive 153
Narcotic Deaths—New York City 235
Para-Typhoid Fever—Third Quarter—1921 377
Poliomyelitis—In United States 275
Poliomyelitis—July 16-October 8, Inclusive, 1921 347
Poliomyelitis—New York City—1916-1921 to Date 273
Poliomyelitis—House to House Canvass 337
Pre-School Age Examinations 244
Rabies Prevention Work—August, 1921 341
Scarlet Fever—Fourth Quarter—1919-1920 116
Scarlet Fever—First Quarter—1920-1921 180
Scarlet Fever—Second Quarter—1920-1921 260
Scarlet Fever—Third Quarter—1920-1921 357
Schick Tests and Toxin-Antitoxin Injection—1920 285
Smallpox in U. S.—1920 Compared with Median Period, 1913-1919 124
Street Accidents—1920, 1915-1919 234
Tuberculosis—Fourth Quarter—1919-1920 117
Tuberculosis—First Quarter, 1920-1921 180
Tuberculosis—Second Quarter—1920-1921 261
Tuberculosis—Third Quarter—1920-1921 381
Typhoid Fever—Fourth Quarter—1919-1920 75
Typhoid Fever—First Quarter—1920-1921 147
Typhoid Fever—Second Quarter—1921 378
Typhoid Fever—Third Quarter—1921 379
Vaccination—December, 1920 36
Vaccination—January and February, 1921 99
Vaccination—March and April, 1921 165
Vaccination—May, 1921 196
Vaccination—June, 1921 253
Vaccination—October, 1921 373
S. S. President Wilson—
Typhus Fever—Five Suspicious Cases from Austria on 66
Street Accidents—
Mortality from 234
Syphilis—
Infectiousness of Latent 92
Interesting Case of Inherited 189
Spinal Fluid Examination in Diagnosis, Treatment, and Prognosis of 33
Teeth—
Decay and Children's 1
Tetanus—
Interesting Case of 234
Tetanus Antitoxin Use in Preventing 209

Digitized by Google

PAGE

Tetanus Antitoxin—
Tetanus Prevented by Prompt Use of 209
Texas—
Vaccination Ordinance Upheld in 60
Thermometers—
Regulating of Clinical 197
Toxin-Antitoxin—
Diphtheria and Administration of 281
New Rules Regarding Distribution of Schick Test Outfits and Proper Uses of 113
Towels—
Dentist's Death Caused by Use of Soiled 60
Trichiniasis—
Case of 417
Tuberculosis—
Block, B.—Prosecuted for Fraudulent Cure for 252
Department's Work in 321
General Hospitals and Treatment of 235
New York City—Reduction in 321
Septic Process Complicating Case of Pulmonary 356
Statistics—Fourth Quarter—1919-1920 117
Statistics—First Quarter—1920-1921 180
Statistics—Second Quarter—1920-1921 261
Statistics—Third Quarter—1920-1921 381
Tularaemia—
Disease Transmitted by Rabbits 396
Turkey—
Typhus Fever—Prevalence in 98
Typhoid Carrier—
Outbreak Caused by 316
Typhoid Fever—
Carrier Causes Outbreak of 316
Carrier Causing Series of Cases of 245
Carrier—Interesting Case from the "Lancet" 164
Germany—Inoculation of Community During Epidemic of 75
Precautions Regarding 257
Statistics—Fourth Quarter—1919-1920 75
Statistics—First Quarter—1920-1921 146
Statistics—Second Quarter—1920-1921 378
Statistics—Third Quarter—1920-1921 379
Vacationists Advised to Submit to Immunization Against 210
Vaccination in Army Reduces Incidence of 347
Chicago Registration of 418
Typhus Fever—
Clinical Histories of Cases of 185
Department's Prevention Work Against 73
Immigrant School Children—Observation to Detect 97
New York City—Cases Since March 1, 1921, of 121
Poland—Prevalence of Cholera and 52
Poland—The Fight Against 125
Precautions to Prevent Spread of 49
Turkey and Russia—Prevalence of 98

Digitized by Google

PAGE

S. S. President Wilson—Five Suspicious Cases of 66
Surgeon General Cumming—Article on 83
U. S. Public Health Service—Precautions Against 97
Willard Parker Hospital—Clinic for 106
United States—
Poliomyelitis—Prevalence in 347
Smallpox Incidence in 11
United States Army—
Vaccination Reduces Typhoid Fever in 347
United States Post Office—
Proper Preparation of Parcels for Mail 387
United States Public Health Reports—
"Children's Teeth, a Community Responsibility" 1
Encephalitis Lethargica—World-Wide Prevalence 140
Prevention of Anthrax Among Industrial Workers 395
Typhoid Cases Caused by Carrier 245
United States Public Health Service—
Drinking Water on Trains and Steamboats Investigated by 36
New Hospitals 420
Smallpox—Increase in United States 123
Surgeon General Cumming—"Typhus Situation" 83
Typhus Fever—Special Measures Taken by 97
United States Treasury Department—
Drug Addiction—New Ruling of the 370
Vacancies—
Young Physician Wanted in New Jersey Village 396
Vacationists—
Anti-Typhoid Vaccination for 210
Vaccination—
Campaign—December, 1920 36
Campaign—January and February, 1921 99
Campaign—March and April, 1921 165
Campaign—May, 1921 196
Campaign—June, 1921 253
Campaign—October, 1921 373
Private Schools—All Pupils to be Vaccinated 123
Texas Upholds Ordinance Relative to 60
Vacationists Advised to Have Anti-Typhoid 210
Value of Anti-Typhoid 347
Western Union Telegraph Company—Enforcement of 146
Venereal Diseases—
Clark—Prevention of 420
Legal Liability for Transmitting Infection of 226
New York City—Reported Cases of 289
Supervision of 298
Work of Clinics for Treatment of 290
Vital Statistics—
Record for the Year 1920 9
Wassermann Clinics—
Work of Department's 290

Digitized by Google

PAGE

Water—
U. S. Public Health Service—Investigation of Drinking 36
Western Union Telegraph Company—
Vaccination of Employees Enforced by 146
Whiteside, G. W.—
Statement from 393
Whooping Cough—
Department Discontinues Administering Vaccine for 292
Research Laboratory—Investigation of 313
Willard Parker Hospital—
Typhus Fever Clinic at 106

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JANUARY 1, 1921. No. 1.

CAUSES, RESULTS, AND PREVENTION OF DECAY OF CHILDREN'S TEETH.

In a recent number of Public Health Reports, Clark and Butler have a most interesting article, "Children's Teeth, a Community Responsibility," from which we give extensive quotations, as bearing out our Bureau of Child Hygiene's efforts among the children of this city, and of interest to physicians and others concerned in furthering the work to preserve children's teeth and prevent the many harmful consequences of their decay and loss.

Why Teeth Decay.

"Dental decay is caused by the action of bacteria, or germs, which normally inhabit the mouth. These germs, acting in the presence of food debris and certain elements in the saliva, result in the formation of an acid which attacks the enamel covering the exposed parts of a tooth, after which the underlying softer parts become rapidly destroyed. Many other factors are actual and potential causes of dental decay and its progress, such as—

1. Low resistance of the teeth to decay because of developmental defect (antenatal and postnatal).
2. Faulty diet (both of the mother during pregnancy and of the child).
3. Neglect of dental attention through ignorance of the parents.
4. The cost of dental attention, a serious consideration with families of low economic status.
5. Failure of the child to call attention to the condition of the teeth, either because it is too young or because of fear.
6. Lack of dental facilities, so common in rural sections.

Effect of Dental Decay.

"It is still very little realized by most people that the teeth play a very important part in determining general health. Careful scientific investigations of recent years, however, have shown that uncorrected dental defects in children may seriously injure the growth and development of the body and greatly lower the child's resistance to communicable disease. From the standpoint of school progress carefully kept records have indicated toothache as one of the most frequent causes of absence from school and that neglected mouth conditions are responsible for a very high percentage of retardation in school work. In addition to these immediate results of dental neglect, the X-ray has pointed to diseased teeth as the starting point of many of the so-called degenerative diseases

Digitized by Google

of later life the onset of which might have been delayed or prevented by proper dental attention during childhood.

"A very high percentage of undernourished children show marked evidence of dental decay. The examination of a group of 270 of this class at present under the supervision of the Public Health Service revealed 33 per cent of them with from 1 to 4 cavities, 48 per cent with from 4 to 8, and this same group showed some with 9, 10, and 11 cavities. Young children are notoriously capricious in the choice of food, and when to this tendency there is added imperfect mastication through faulty or painful teeth, the child often refrains from eating the foods best adapted to its needs, even when such foods are offered. In addition to this, the poison absorbed from rotting teeth may seriously affect the child's nutrition and vital resistance. A clean mouth, free from sepsis, is a prerequisite for the proper growth and development of children.

"It is quite generally accepted that an individual falls victim to a communicable disease because of the size of the dose of the infecting agent, the virulence of the infecting organism, or an increased susceptibility which is due to lowered vital resistance. Of the many causes operating to lower resistance it is reasonable to suppose that the absorption of septic material from rotting teeth and diseased gums plays an important role. Conversely, it is also reasonable to suppose that a clean, healthy mouth will tend to increase the vital resistance of children and render them less susceptible to the communicable diseases. Converging evidence from many sources tends to show that bad teeth do exercise a harmful influence. In Bridgeport, Conn., where during the last five years special attention has been paid to the operation of dental clinics, reports by the city board of health indicate that there has been a very considerable reduction in the incidence of communicable diseases in that city during the period following the establishment of school dental clinics in the year 1914. During this period diphtheria showed a decrease from 26.6 per cent to 18.7 per cent, measles 20 per cent to 4.4 per cent, and scarlet fever from 14.1 per cent to 0.5 per cent.

"The effect of the general application of dental measures, both preventive and operative, in the schools of Bridgeport in bringing about a reduction in the amount of communicable diseases may be questioned by reason of the fact that the incidence of the communicable diseases in the general population varies from year to year. However, the general inference of the decline in the percentage of communicable diseases in Bridgeport **pari passu** with the extension of dental work in the schools is strengthened by a report of the improvement in the percentage of communicable diseases following the employment of a dentist and systematic dental service in St. Vincent's Orphanage, Boston, Mass. The average number of children in this institution during the period of observation was 325, and the work was in progress from April, 1912, to November, 1913. A comparative record of the health conditions for several years immediately preceding the employment of a dentist and during the period of service is quoted as follows:

Disease.	Period. May, 1913, to Nov., 1913.	May, 1912, to May, 1913.	Apr., 1911, to May, 1912.	Nov., 1910, to Apr., 1911.	1909 to 1910.	1908 to 1909.	1907 to 1908.
Diphtheria	1	0	0	0	1	2	6
Mumps	0	0	0	4	10	3	8
Scarlet fever	0	0	0	8	12	8	17
Pneumonia	0	0	0	6	4	5	3
Measles	6	0	0	25	40	50	24
Tonsilitis	0	0	0	3	8	16	19
Whooping Cough	0	0	0	0	2	2	7
Chickenpox	0	0	0	6	10	17	15
Typhoid fever	0	0	0	0	0	0	0
Croup	0	0	0	0	0	0	4
Tuberculosis, eye	0	0	1	0	0	0	0
Tuberculosis, lungs	0	0	1	0	0	0	0
Total	7	0	2	52	87	103	103

Digitized by Google

"The preservation of the pulp (commonly referred to as the 'nerve') in the 'baby teeth' is of the greatest importance. If this is not in normal condition the roots of the first set of teeth will fail to absorb, and many of the irregularities in the permanent teeth may be directly attributed to this cause. The loss of a temporary tooth before proper time also may result in the eruption of the permanent tooth to follow before thorough calcification has taken place, in which case it is more subject to decay. Very frequently little, if any, attention is paid to these temporary teeth, parents assuming that they will be replaced later by the permanent teeth and, therefore, that attention to them is unnecessary. It is rare to find a child who has not had toothache at some time. Even dentists, as a rule, pay little attention to these teeth, because young children are difficult to work for. This is unfortunate because in reality more can be done for an individual by proper attention to the first set of teeth than by repairing the ravages of decay in the permanent set after they have taken their places in regular manner.

"Among 7,059 children examined during a recent investigation of mouth conditions by the Public Health Service, 1,822, or 25.81 per cent, of them were found to have lost one or more of the six-year molars. Because this tooth is the first permanent tooth to appear, and erupting back of the last temporary tooth, it is frequently mistaken for a temporary tooth. This is nothing short of a calamity. Not only does the loss of this tooth mean the loss of masticating surface, but the tooth also determines to a considerable extent the relative positions of the other permanent teeth. Forming, in a manner, the keystone of the dental arch, with its loss this arch collapses to a greater or less degree, markedly modifying the facial symmetry of the developing child. It is important to remember that in young children the first permanent molar is the sixth tooth back counting from the center. Parents should be instructed to watch it carefully for beginning dental decay in order that steps may be taken in time for its preservation.

"The child is father to the man in more ways than one. Not only is this true from the standpoint of the acquirement of habits of thought and action during the developmental period, but also from the physical standpoint. Reference has been made to the fact that the percentage of children in need of dental attention is highest among those of 7 and 8 years of age. The neglect of the teeth in early life usually means an infected mouth with abscesses at the roots of the teeth which, unless cared for, persist in later life. It readily may be seen that such abscesses may act as reservoirs of infectious material which may enter the blood stream and be carried to the remote parts of the body, frequently causing rheumatism, heart disease, kidney trouble, and other ailments which may materially shorten life. It has been said that one-fourth of all of the people who die annually in the United States have their life shortened from 5 to 10 years by these so-called degenerative diseases.

Mouth Hygiene As a Branch of Preventive Medicine.

"Nearly every country has awakened to the importance of mouth hygiene. In England to-day there is a movement of national magnitude well under way, which is a result of investigations conducted by a parliamentary committee. The conditions revealed by this investigation were so startling that remedial measures have been adopted with the object of benefiting all the people.

"The latest governmental movement in this direction is in New Zealand. Here we find that there has been appointed a national bureau of mouth hygiene with a director and corps of assistant directors who will care for the mouths of all the school children at government expense. In America we find that several of the States have State bureaus of mouth hygiene under the direction of their health departments. New York has established such a bureau. Among the later States to adopt the measure is Tennessee; and West Virginia has such

Digitized by Google

movement well under way. Delaware will this year (1920) have a mobile clinic visiting the rural schools. Pennsylvania has a similar unit in operation under its child hygiene department, and Virginia will do a similar work in the immediate future. North Carolina has been engaged in this work for several years.

"In America a forward step has been taken in dental hygiene by the training of women specialists for purely preventive work. These 'dental hygienists' limit their work to the cleaning and polishing of all surfaces of the teeth above the gum margins. Experience shows that this treatment is most helpful in securing that important condition, healthy gums, and besides, prevents much dental decay. In their specialty the dental hygienists often exceed the dental man in skill and have special qualifications for handling young children. Recognizing the special adaptation of women to this work, and the virtue of the old adage that prevention is better than cure, some 12 States have already enacted legislation legalizing the practice of dental prophylaxis by women. Among the States that have legalized this work are Maine, Massachusetts, Connecticut, New Hampshire, New York, Michigan, Minnesota, Iowa, Oklahoma, Colorado, and Tennessee. In three other States this movement is assured in the immediate future.

"Measures for conserving the teeth of children may be divided into two classes (1) Practical, preventive, and correctional work, by the establishment of school dental clinics, and (2) education methods."

Preventive Work in Schools of New York City.

The dental clinic problem has been moving fast since its inception and establishment in January, 1914. In that year eight clinics were established with two dentists and a nurse in one clinic, and one dentist and a nurse in each of the others. Each succeeding year, as experience indicated, the scope and intent of the clinic work has been changed to meet new conditions.

Experience has taught that, everything else being equal, the proper place to do dental work for children is within the school building. There are many reasons for this, but briefly, the time saved to the child's schooling by not having to waste time going to or from, or waiting at a clinic, is one of the two chief reasons, the other being the fact that the child accepts the work in a more normal frame of mind, and the total educational effect, dentally speaking, is more evident and lasting. Along with this, the advent of the dental hygienist in this State, and the realization of her value as an essential assistant in a dental clinic, is now completely recognized.

Three of these hygienists were employed temporarily in the fall of 1918, but owing to the war conditions, their services were not continued.

The dental work, as done, is confined to the two lower school grades, with special attention given at all times to children who are held up on the issuance of their employment certificates, and children in such special classes as the anaemic and sight conservation classes. (See Bulletin of April 10, 1920.)

The work as done by the dentists consists of all necessary fillings of amalgam, of the various cements, and necessary extractions, as well as actual prophylactic work and instruction.

The nurse, or registrar, takes complete care of the clinic and of its clinical records, as well as assists the dentist while operating. She also does prophylactic work and instruction.

The records that are kept are:

(a) Parent's consent card.
(b) Index reference cards.
(c) Case history cards.

Digitized by Google

(d) Daily record card of work done by dentist.
(e) Daily record card of work done by nurse or hygienist.
(f) Daily record of all work done in the clinic.
(g) Weekly report cards of all work done in the clinic.

Interruption in the work of the clinics has been reflected in our figures for he year. These interruptions were chiefly due to resignation and difficulty of replacement by suitable persons.

Although the size of the dental staff remains the same as in previous years, the amount of work performed shows a distinct increase. The figures for the year 1919 (those for 1920 are not yet available) are as follows:

Dental Work During 1919.

No. of cases brought forward (cases not completed in previous year)		4,313
No. of visits to the clinic (initial visits)	6,689	
No. of re-visits to the clinic (visit necessary to complete work)	10,253	
Total visits to clinic		16,942
No. discharged		5,453
No. cured (cases on which complete work has been done)	5,358	
No. dropped (cases dropped for special reasons)	95	
No. cases pending (work not complete on these at the termination of the year)		1,238
No. of treatments (a treatment is counted for every separate distinct item in connection with dental work performed)		57,662
Total number of extractions		16,191
Deciduous teeth	12,870	
Permanent teeth	3,321	
Fillings (of every variety)		13,437
Temporary fillings	1,256	
Permanent fillings	12,181	
Cleanings		5,698
Other operations (indicates every item of work done for the child not specially listed)		4,940
Visits by nurses to homes (with reference to special cases)		272
Operations (sum total of dental operations performed in child's mouth)		33,977

MORTALITY BULLETIN FOR THE WEEK ENDING DEC. 25, 1920.

There were 1,208 deaths and a rate of 10.26 reported during the week just closed, as compared with 1,288 deaths and a rate of 11.19 per 1,000 of the population—a decrease in the absolute number of deaths of 80 and in the rate of .93 of a point, which is equivalent to a relative decrease of 110 deaths. There was only one death reported from measles, as compared with 18 in the corresponding week of 1919. Scarlet fever, on the other hand, showed a much increased mortality, there having been 8 deaths reported therefrom, as compared with one. This increase in the mortality from scarlet fever which has prevailed for several weeks past, indicates a much greater prevalence or a much more severe form of infection than during the corresponding period of 1919. Four deaths were reported from whooping cough, as compared with 3; 23 deaths from diphtheria, as compared with 20; 2 deaths from typhoid fever, as compared with 3. There were 24 deaths reported from organic heart and kidney diseases, as compared with

Digitized by Google

329. There were only 3 deaths reported from influenza, as compared with 12. The pneumonias are considerably below those of last year, there having been 142 deaths reported, as compared with 166; pulmonary tuberculosis showed a decreased mortality, there having been 93 deaths reported, as compared with 114. There were 93 deaths reported from violence, as compared with 110. Deaths of infants under one year of age showed an increased mortality, there having been 202 deaths reported, as compared with 192. Between one and 5 years of age, there were 75 deaths reported, as compared with 92—a decrease of 17 deaths. At ages 65 years and over there were 282 deaths reported, as compared with 299—a decrease of 17.

The death rate for the 52 weeks of the year 1920 was 11.90, as compared with a rate of 12.39 for the corresponding weeks of 1919—a decrease of .49 of a point.

From January 1st to date 85 children out of every 1,000 born, died under one year of age, as compared with 82 infants in the corresponding period of 1919.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Oct. 2	Oct. 9	Oct. 16	Oct. 23	Oct. 30	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec 18	Dec. 25
Total deaths	1054	1006	1080	1091	1082	1114	1128	1166	1282	1280	1144	1268	1208
Annual Death Rate	8 96	8.55	9.18	9.27	9.19	9 46	9.58	9.91	10.47	10.37	9.72	10.77	10.26
*Acute Infectious Diseases	33	25	26	23	27	22	32	41	34	53	44	54	41
Pul. Tuberculosis..	81	99	95	91	93	104	83	97	114	100	86	125	98
Influenza.....	3	3	2	5	6	4	5	5	5	8	9	11	3
Lobar Pneumonia..	43	29	31	43	44	52	32	65	70	81	64	90	81
Broncho Pneum...	36	41	46	44	46	43	60	50	59	70	56	62	61
**Violent Deaths ...	74	57	77	72	89	75	82	97	82	78	66	76	78
Deaths under 1 year..	169	185	170	185	166	167	167	154	168	187	160	168	202
Rates per 1,000 births	66.7	72.1	66.8	72.1	64.8	61.4	65.4	60.5	65.2	73 5	62 9	64 1	79.5
Deaths under 5 years	226	238	222	266	240	215	257	239	248	270	221	247	277
" 5-65 years....	588	555	591	580	602	633	625	654	690	709	659	749	649
" 65 years and over	240	213	267	245	240	266	286	283	294	301	264	272	282

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	298	408	299	301	318	335	302	302	149	261	285	218	218
Diphtheria	158	164	133	235	206	254	251	331	377	373	449	408	329
Measles	26	25	29	26	43	49	59	62	58	55	84	65	48
Scarlet Fever	67	61	109	135	92	105	128	176	196	214	273	292	255
Chickenpox	20	34	19	73	93	78	26	112	147	180	213	209	104
Influenza	11	12	11	14	23	17	23	22	26	51	43	67	29
Pneumonias	126	96	101	109	109	123	216	269	294	356	276	306	285
Typhoid Fever	62	23	25	41	27	39	24	23	14	22	24	12	9
Whooping Cough ...	76	57	64	76	64	59	49	56	86	79	70	74	53
Syphilis	456	403	344	405	474	424	397	358	366	448	256	331	286
Gonorrhoea	74	110	75	110	64	56	75	45	49	67	96	68	65
Poliomyelitis	17	15	23	12	9	10	13	3	2	3	..	2	1
Cerebro-spinal Meningitis	5	4	6	2	4	2	6	5	6	5	6	3	5
Total.....	1398	1413	1264	1606	1664	1593	1744	1779	1780	2114	2354	2065	1717

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, December 25, 1920.

Boroughs	U.S. Census April 15, Population 1910.	Estimated Populatio July 1 1920.	Deaths 1919.	Deaths 1920.	Deaths *Corrected 1920	Births	Marriages	Still-births	Death Rate 1919.	Death Rate 1920.	Death Rate Corrected 1920
Manhattan	2,331,542	2,829,289	693	562	552	971	712	66	11.88	10.37	10.18
The Bronx	430,980	669,283	123	116	109	227	46	17	9.94	9 04	8.50
Brooklyn	1,634,351	2,117,908	480	396	412	719	168	52	10.88	9.76	10.15
Queens	284,041	419,506	74	96	104	147	28	6	9 50	11.94	12.98
Richmond	85,969	105 659	28	28	31	41	18	1	14.09	18 78	15.32
City of New York.	4,766,883	6,141 445	1288	1208	1208	2105	952	141	11.19	10.26	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty-two weeks of this year there were 72,874 deaths, a rate of 11.90 per 1,000 population. During the corresponding weeks of last year there were 74,419 deaths, a rate of 12.39 per 1,000 popuiation.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-Spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 Years and Over
Manhattan	20	35	2	1	5	42	31	22	20	7	4	31	102	140	302	120
The Bronx	1	19	..	..	..	11	4	..	..	4	..	4	9	14	78	29
Brooklyn	9	21	1	2	6	23	15	12	10	4	..	23	67	90	208	103
Queens	5	9	..	..	..	4	6	1	..	..	2	4	19	26	49	21
Richmond	1	9	..	..	..	1	4	1	1	..	1	4	5	7	22	9
Total	36	93	3	3	11	81	61	36	31	15	7	71	202	277	649	282

Corrected Mortality Among Children.

Boroughs.	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. Deaths	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places	Under 5 Years of Age. All Causes	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Epidemic Diseases	Under 5 Years of Age. Rate per 1,000 Living
Manhattan	99	90.5	17	15.5	9	9	137	25 0	18	3 3	16	2.9
The Bronx	11	89.8	..	..	..	..	15	11.5	..	..	1	.8
Brooklyn	67	71.5	9	9 6	2	6	91	20.0	12	2 6	6	1.3
Queens	25	109.9	..	..	..	..	27	30.0	..	..	1	1.1
Richmond	5	94.5	1	18 9	..	1	7	33.6	1	4.8	1	4.8
City of New York.	202	79 5	27	10.6	11	16	277	22 3	31	2.5	25	2.0

During the first fifty-two weeks of this year 11,279 infants died, a rate of 85. per 1,000 births. During the corresponding weeks of last year 10,639 died, a rate of 83. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever.	Willard Parker Hospital: Diphtheria.	Willard Parker Hospital: Measles.	Willard Parker Hospital: Miscellaneous.	Kingston Ave. Hospital: Scarlet Fever.	Kingston Ave. Hospital: Diphtheria.	Kingston Ave. Hospital: Measles.	Kingston Ave. Hospital: Miscellaneous.	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanator.	Grand Total.
Rem'g 12-18-'20	103	114	19	30	65	59	1	19	13	13	..	1	..	..		..	12	547	996
Admitted	26	42	9	17	7	21	2	6	1	..	..		..	..			2	16	161
Discharged ..	13	25	8	16	12	14	..	11	3	..	..	1	..	..				16	126
Died	7	9		1						..	..	..	..	..			..	1	19
Rem'g 12-25-'20	119	122	20	30	60	66	3	14	11	7	..	..	..	..			14	546	1012
Total treated	139	156	28	47	72	80	3	25	14	15	..	1	..	..	..	..	14	563	1157

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1917.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5	Under 5 Years	5 15	15 25	25 45.	45 65.	65 and Over.
All causes	1,208	1,288	628	580	202	40	35	277	50	57	202	340	22
1. Typhoid Fever	2	3	..	2			1	1	..	..	1	..	..
2. Malarial Fever			..	..	..		..	..	..	..	.	..	..
5. Measles	1	18	1	..	1	..		1	..	..	..	..	..
6. Scarlet Fever	8	1	4	4	1	4	2	7	1	..	..	..	..
7. Whooping Cough	4	3	2	2	2	2	..	4	..			.	..
8. Diphtheria	23	20	10	13	2	2	9	13	9	1	..	..	..
9. Influenza	3	12	1	2	1	.	..	1	1	..	.	..	1
Poliomyelitis	1		1	..	..			..	1	..	..	..	..
12. Other Epidemic Diseases	9	1	7	2	2	..	1	3		..	1	5	..
13. Pulmonary Tuberculosis	93	114	56	37	3	1	1	5	3	16	33	28	3
14. Tbc. Meningitis	6	5	4	2	..	..	..	..	4		2	..	..
15. Other forms Tbc.	5	10	4	1	1		..	1	..	1	2	1	..
16. Cancer, Malignant Tumor	102	92	45	57	.		..	..	1	..	12	49	40
17. Simple Meningitis	5	6	3	2	1	1	2	4	1	..	..	..	..
Of which													
17a. Cerebro-spinal Meningitis	3	2	1	2	1	1	1	3	..	..	..	..	..
18. Apoplexy, Softening of the Brain	14	17	5	9	..	.	..	..	..	..	2	7	5
19. Organic Heart Diseases	247	212	114	133	..	..	1	1	4	3	33	104	104
20. Acute Bronchitis	11	9	7	4	3	1		9	..		1	1	..
21. Chronic Bronchitis	2	2		2	..	..	..	..	..	1	..	1	..
22. Lobar Pneumonia	81	107	48	33	3	7	3	18	4	4	12	27	16
22a. Broncho Pneumonia	61	59	34	27	21	14	9	44	..	3	1	3	5
23. Other Respiratory Diseases	14	9	2	12	3	2	..	5	..	..	4	1	4
24. Diseases of the Stomach (Cancer excepted	4	12	1	3	..		..		..	..	..	4	..
25. Diarrhoeal Diseases (under 5 years)	31	26	16	15	27	3	1	31	..				..
26. Appendicitis and Typhilitis	10	15	7	3	..	..	..	..	3	..	4	3	..
27. Hernia, Intestional Obstruction	6	13	4	2	1	..	..	1	..	..	1	2	2
28. Cirrhosis of Liver	5	3	5		..	..	..	..				2	3
29. Bright's Disease & Nephritis	67	104	31	36	.	..		..	1	2	3	25	32
30. Diseases of Women (not Cancer)	9	1	..	9	..	..	..	..	..	2	7	.	..
31. Puerperal Septicaemia	4	1	..	4	..	..	..	.			..	4	..
32. Other Puerperal Diseases	7	6	..	7	..	..	.	.	..	3	4	..	
33. Congenital Debility, and Malformations	93	75	57	36	92	..	..	92	1	..		..	
34. Old Age	5	3	1	4				.				1	4
35. Violent Deaths	78	96	56	22	2	2	5	9	10	10	26	17	6
a. Sunstroke		..	..	..	..	..	..	..	.	..			
b. Other Accidents	71	92	50	21	1	2	5	8	10	8	24	15	6
c. Homicide	7	4	6	1	1	..	..	1	..	2	2	2	.
36. Suicide	15	14	12	3						1	11	3	..
*37. All other causes.	181	212	90	91	26	1	..	27	6	10	27	53	53
38. Ill-defined causes.	1	2		1			..				1		

Deaths in Institutions,	474	Mean temperature,	33.6 deg. Fahr.
Mean barometer,	29.99	Maximum temperature,	54.0 deg. Fahr.
Mean humidity,	59.0	Minimum temperature,	20.0 deg. Fahr.
Precipitation,	1.08	Snow,	...

†If the deaths under one month, numbering 109 from all causes, be deducted from the total deaths under one year, the resulting rate will be 87 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 8, Syphilis 7, Diabetes 14, Alcoholism 2, Locomotor Ataxia 2, Paresis 5, Arterio-sclerosis 55, all other congenital causes 19.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JANUARY 8, 1921. No. 2.

VITAL STATISTICS FOR THE YEAR 1920.

The year just closed has established a record as the healthiest year that the city has ever experienced at any time in its history. There were 73,249 deaths reported and a death rate of 11.93 per 1,000 of the population, as compared with 74,433 deaths and a rate of 12.39 for the year 1919—a decrease in the absolute number of deaths of 1,184, and in the death rate of .46 of a point, which is equivalent to a saving of 2,824 lives, taking into consideration the increase in the population during the year 1920, as compared with 1919.

Three prominent features of the year's mortality from individual causes stand out as indicative of improved health conditions.

First and foremost, the mortality from pulmonary tuberculosis and other forms of tuberculosis. During the year, there were 6,164 deaths reported from tuberculosis of the lungs, with a death rate of 1 per 1,000 of the population, as compared with 7,395 deaths and a rate of 1.23, in 1919—a decrease of 1,231 deaths and .23 of a point in the rate, which, if the increase in the population be taken into consideration, means a saving of 1,412 lives. From other forms of tuberculosis, there were 970 deaths reported during the year, as compared with 1,103 deaths in 1919—a decrease of 133 deaths, equivalent to a relative decrease of 246 deaths, so that all told the mortality from tuberculosis showed a decrease of 1,657 deaths. The most important factors in causing this decreased mortality from tuberculosis are three in number:

First.—The increased amount of money received by each family as wages, with the result that a greater quantity of nutritious food was obtainable by people prone to tuberculosis.

Second.—The greater opportunity for relaxation, open-air exercises, and social enjoyment.

Third.—The increase in the spread of knowledge of this cause of death and sickness.

This decrease in the mortality from tuberculosis is by no means a local manifestation, as the same improvement in the death rate from this cause is noted in all of the large cities of the country.

The second outstanding feature of the year's death rate is the decrease in the mortality from diphtheria and croup, there having been 1,055 deaths reported from

Digitized by Google

this cause, as compared with 1,239 deaths in 1919, with a decrease in the death rate of .04 of a point. It is reasonable to assume that the activities of the Department in promoting the employment of the Schick test was, in great measure, the most potent factor in this saving of lives of children.

The third factor has been a considerable decrease in the mortality from congenital causes, as there were only 3,844 deaths, a decrease of 212. This, notwithstanding the fact that there was an increase in the number of births reported during the year of 2,479, and 27 children out of every 1,000 born died during the year from congenital debility and malformations, as compared with a rate of 29 per 1,000 in the year 1919.

In addition to the decline in the mortality from the above mentioned causes, there occurred a considerable decrease in that from the acute respiratory diseases, there having been 10,841 deaths reported from acute bronchitis and the pneumonias, as compared with 11,524 deaths from these causes in 1919—a decrease of 683 deaths.

Influenza also showed a very considerable decrease in mortality, there having been 3,491 deaths reported therefrom, as compared with 4,834 in 1919—a decrease of 1,343 deaths.

The mortality from accidents was 3,620, as compared with 3,826—a decrease of 206 deaths— 659 deaths were reported from suicide, as compared with 703 in 1919, a decrease of 44 deaths.

The death rate from typhoid fever was exactly the same as that of the year 1919, which, until that time, was the lowest on record in the history of the Department, only two deaths being reported in each 100,000 of the population of the city.

The only drawback to declaring the year 1920 a perfect health year, was the two severe epidemics of measles and of whooping-cough. There were 736 deaths reported from measles, as compared with 218 in 1919—an increase of 518 deaths; and 615 deaths from whooping-cough, as compared with 161 deaths—an increase of 454 deaths; the presence of these two epidemics being responsible for an increase, in great measure, of the infant mortality rate during the year, which latter was not an alarming increase, but it made an exception to the continuous decrease in the mortality among infants which has been going on for the last 40 years.

Cancer showed a mortality of 5,315 deaths, as compared with 5,147 deaths—an increase of 168, the mortality from this cause being almost a continuously ascending one during the past twenty years. The so-called degenerative diseases, such as organic diseases of the heart and of the kidney, and apoplexy, showed a mortality of 16,907, as compared with 16,267 deaths from these causes in 1919—an increase of 640 deaths. The mortality from homicide increased from 279, in 1919, to 323, in 1920—an increase of 44 deaths, the death rate, however, from this cause remaining practically the same during the two years under comparison.

There were 11,340 deaths of infants under one year of age, as compared with 10,639 deaths in 1919, the death rate per 1,000 children born being 85, in 1920, as compared with 82, in 1919—an increase of 3 points. Between one and five years of age there were 5,945 deaths reported, as compared with 5,105—an increase over the 1919 figures of 840 deaths.

At the other extreme of life, we find that there were 15,269 deaths reported at ages 65 years and over, as compared with 14,418—an increase of 851 deaths. This increase in the mortality at the extremes of life was more than counterbalanced by the much decreased mortality between the ages of 5 and 65 years, [illegible]90 deaths having been reported, giving a saving of 3,580 lives at this age group.

Digitized by Google

In institutions, 30,113 deaths occurred in the city; 27,836 deaths in apartment and tenement houses; 12,487 deaths in private dwellings; 957 deaths in hotels and boarding houses; 1,856 deaths in rivers, streets, etc.

During the year, there were 132,856 births reported, as compared with 130,377, in 1919, an increase of 2,479 births.

There were 64,422 marriages reported during the year, as compared with 60,256, in 1919—an increase of 4,166.

TOTAL BIRTHS, MARRIAGES, STILLBIRTHS AND DEATHS FROM PRINCIPAL CAUSES REPORTED.

City of New York, 1919 and 1920.

	1919.	1920.	Decrease.	Increase.
Total Births	130,377	132,856		2,479
Marriages	60,256	64,422		4,166
Stillbirths	5,984	6,234		250
Total Deaths	74,433	73,249	1,184	
Typhoid Fever	121	137		16
Measles	218	736		518
Whooping Cough	161	615		454
Diphtheria and Croup	1,239	1,055	184	
Influenza	4,834	3,491	1,343	
Pulmonary Tuberculosis	7,395	6,164	1,231	
Tuberculous Meningitis	581	509	72	
Other Tuberculous Diseases	522	461	61	
Cancer	5,147	5,315		368
Apoplexy	825	734	91	
Organic Heart Disease	10,435	11,342	907	
Acute Bronchitis	547	786		239
Lobar Pneumonia	6,194	5,184	1,010	
Broncho Pneumonia	4,783	4 871		88
Bright's Disease	5,007	4,831	176	
Congenital Debility and Malformations	3,844	3,632	212	
Violent Deaths	4,105	3,943	162	
Suicides	703	659	44	
Deaths Under One Year	10,639	11,340		701
Deaths Under Five Years	15,744	17,289		1,545
65 Years and Over	14,418	15,269		851
Five to 65 Years	44,271	40,691	3,580	

INCIDENCE OF SMALLPOX IN THE U. S.

The Commissioner of Health has received the following letter, which is printed for the information of physicians:

"Dear Doctor Copeland: I wish to congratulate you on the contents of the Weekly Bulletin. I believe that the rank and file of the profession must be greatly benefited by it if they will read it through as I do. The selection of the subject matter is excellent and is well calculated to interest them and secure their co-operation in the work of the department.

"Apropos of the subject of vaccination to which our doctors are so indifferent, unless they are faced with an epidemic, I would state that I was interested in the number of cases of smallpox which occurred in the United States. Thanks to the courtesy of your department, I have received the U. S. Public Health Service Reprints. In No. 551, which gives the figures for 1918, I found that no less than 73,000 cases of smallpox were reported. I

Digitized by Google

wonder how many more were not recognized. Interesting data are also given in Reprints No. 547 and 579. I believe our city doctors would give more attention to vaccination if you published these figures in the Weekly Bulletin. Four hundred and twenty-seven cases of smallpox for the State of New York—more than one case for every day of 1918—might wake them up a bit.

"Your truly,

"72 E. 79th St.,
"December 19, 1920. "MORRIS MANGES, M. D."

A DIPHTHERIA CARRIER OF UNUSUAL TYPE.

"A case of phyaryngeal diphtheria occurred on July 26th, 1920, in one of the sons of a family consisting of father, mother, daughter, and three sons. The patient was removed to the Isolation Hospital the same day, and the premises and eating utensils disinfected. Another son developed the disease on July 28th, 1920, and was removed to the Isolation Hospital, and disinfection was again carried out. On August 10th, at 5 P. M., an interval of twelve days having elapsed since the last case, the sister complained of sore throat and malaise. No membrane or nasal discharge could be seen, but there was some increased redness of the pharynx and tenderness of the cervical glands. A swab was taken from the throat. On visiting her next day a patch of membrane, the size of a florin was seen on each tonsil, and there was marked narrowing of the space between the tonsils. The swab was reported to show B. diptheriae.

"The remaining brother, who slept in the same room, also had a small patch of membrane on one tonsil. After removal of these two cases and disinfecting, swabs were taken from the father and mother. That from the latter was reported to show B. diphtheriae, but no clinical signs of diphtheria were present. On admission to hospital she was found to have pediculi capitis, and a small area of impetigo on the scalp; a swab from this was returned showing B. diphtheriae, she had, therefore, B. diphtheriae present both in the throat and in the scalp lesion.

"It was found that another son had died from diphtheria in September, 1914. The mother may have been the cause of this case, or she may have become a carrier after contact with it. She herself had never had any marked illness which might have been diphtheria. It appears probable that she was at least the infecting agent in the last two cases, the interval of twelve days being overlong for infection from the first two. As no other source of infection could be traced for the first two cases, it is possible that she was infecting agent here also.

"In view of the possibility that the bacillus found on the head of the mother, though morphologically indistinguishable from B. diphtheriae, might be merely a diphtheroid bacillus, this bacillus was isolated, and its pathogenicity proved by animal inoculation. The strain proved to be of medium virulence; 2 c.cm. of a forty-eight hours broth culture killed a guinea pig weighing 600 grams in less than three days; the post-mortem examination showed haemorrhagic oedema at the site of inoculation and market congestion of the suprarenal glands.

"The impetigo of the scalp had been present for several months."

—(*British Medical Journal, Nov.* 27, 1920.)

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 1, 1921.

The New Year was ushered in with a decrease in the weekly death rate of the city, 11.52 as compared to 11.90 for the corresponding week of last year. This difference of .38 in the weekly death rate was equivalent to a saving of 46 lives.

Considered from the viewpoint of age distribution it is found that the mortality amongst children of under five years was slightly in excess of that reported in the corresponding week of last year, while the mortality of persons 65 years and over was practically the same, so that the saving of life effected during the past week was between the ages of 5 and 65 years.

The mortality of the acute contagious diseases showed some slight changes as compared with the corresponding week of last year, to wit: Four deaths were reported from measles as compared with 17; 13 deaths from scarlet fever compared with 0; and 35 deaths from diphtheria against 38. The mortality of digestive diseases was slightly in excess of those reported during the corresponding week of last year, 67 as compared with 47. Of the chronic diseases the mortality of cancer increased by 10 deaths while the mortality of heart disease and nephritis together showed a decrease of 29.

Two more deaths were reported from influenza during the week just closed than during the week ending January 3rd last year; 13 against 11. The mortality of acute bronchitis and lobar pneumonia was in excess of that reported last year, whereas the mortality of broncho pneumonia was lower. The mortality of pulmonary tuberculosis was lower during the past week than during the corresponding week of 1920, 99 deaths being reported from this cause as compared with 127.

Seventy-two deaths were reported from accidents, almost one-third of these having been caused by gas poisoning. Sixteen deaths resulted from violence and 15 were the result of street accidents, of this latter group automobiles caused 7.

PUBLIC HEALTH DIVISION of the MUNICIPAL RESEARCH LIBRARY.

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANTHRAX.—Graham, J. R. Cutaneous anthrax. (N. Y. Med. Jour., December 11, 1920. pp. 931-935, illus.).

ANTHRAX.—Hubbard, S. D., and W. Jacobsohn. Investigation of thirty-four cases of human anthrax occurring in New York City during 1919 and 1920. (N. Y. City, Health Dept. of, Monthly Bulletin, November, 1920. pp. 249-266, charts, tables.).

BEVERAGES.—Rosewater, C. A. What is an intoxicating beverage? (Med. Rec., December 11, 1920. pp. 976-979.)

DIETARIES.—Cornwall, E. E. A diabetic dietary. (A. M. A. Jour., December 11, 1920. pp. 1642-1643, table.)

DUST.—Spencer, O. M. Recent experiments in the control of air dustiness. (U. S. Public Health Service. Public Health Reports, December 3, 1920, pp. 2907-2914, tables.)

ENCEPHALITIS.—Abrahamson, I. The epidemic of lethargic encephalitis. (Med. Rec., December 11. 1920, pp. 969-973.)

HEALTH EDUCATION.—Wile, Ira S. The health class idea. (Mod. Med., November, 1920. pp. 746-750.)

HEART.—McCulloch, H. Studies on the heart in nutritional disturbances in infancy. (Am. J. Dis. Child., December, 1920. pp. 486-495, charts.)

MOTION PICTURES.—Cocks, O. G. The motion picture and the upbuilding of community life. (Social Hygiene, October, 1920. pp. 533-539.)

NURSING.—Ehrenfeld, R. M. The evolution of public health nursing. (Mod. Med., November, 1920. pp. 755-757.)

NUTRITION.—Gahlman, J. T. Scientific consideration in nutrition. (Mod. Med., Oct., 1920. pp. 688-690.)

NUTRITION.—Marriott, W. M. Some phases of the pathology of nutrition in infancy. (Am. J. Dis. Child., December, 1920. pp. 461-485.)

PUBLIC HEALTH.—Hegner, R. W. The relation of medical zoology to public health problems. (A. M. A. Jour., December 11, 1920. pp. 1607-1610.)

SEX EDUCATION.—Watson, J. B., and K. S. Lashley. A consensus of medical opinion upon questions relating to sex education and venereal disease campaigns. (Mental Hygiene, Oct., 1920. pp. 769-847.)

SCHOOL HYGIENE.—Baker, S. J., and J. Sobel. Open-air classes in the public schools of New York City during 1919. (N. Y. City, Health Dept. of, Monthly Bulletin, Oct., 1920. pp. 225-236, tables.)

Digitized by Google

SMALLPOX.—Vaughan, V. C. Are there two diseases included under the present diagnosis of smallpox? (J. Lab. & Clin. Med., Oct., 1920. pp. 54-55.)

SYPHILIS.—Campbell, William. Pathological and public health aspects of the diagnosis of syphilis, acquired and congenital, in the first year of the disease. (Public Health [London], Oct., 1920. pp. 7-12.)

TEACHERS.—Wager, R. E. The health of the school teacher. (J. Ind., Hyg., Sept., 1920. pp. 197-205, tables.)

TUBERCULOSIS.—Cummins, S. L. Tuberculosis in primitive tribes and its bearing on the tuberculosis of civilized communities. Internat. J. Pub. Health, Sept., 1920. pp. 137-171, charts.)

TUBERCULOSIS.—Billings, John S. Control of tuberculosis in industrial organizations. (J. of Outdoor Life, Oct., 1920. pp. 271-273.)

TUBERCULOSIS.—Jones, Gretta. The history, value and progress of the tuberculosis auxiliary movement. (Hosp. Social Service Quart., Aug., 1920. pp. 347-353.)

TUBERCULOSIS.—Thomson, H. H. Tuberculosis and public health. 1920. 104 pp. 614.542T36tph

VENTILATION.—Redway, J. W. Vicious notions in the ventilation of school buildings. (Med. Times, Oct., 1920. pp. 231-232.)

VIVISECTION.—Tondorf, F. A. A vindication of vivisection. A course of lectures on animal experimentation, by men of the highest authority in the medical and other professions, given under the auspices of Georgetown University School of Medicine. 1920. 97 pp. 614.227T63vv

WASSERMANN REACTION.—Boardman, W. P. Interpretation of the Wassermann reaction. (Bost. M. & S. J., Nov. 4, 1920. pp. 537-540.)

WELFARE WORK.—MacFarlane, S. H. High standards in health care at Hotel McAlpin. (Mod. Med., Oct., 1920. pp. 667, illus.)

YEAST.—Hirshberg, L. K. What the grocery yeast cake will do if you eat it often. (Med. Times, Nov., 1920. pp. 249-250.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Oct. 9	Oct. 16	Oct. 23	Oct. 30	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1
Total deaths	1006	1080	1091	1082	1114	1128	1166	1282	1280	1144	1268	1208	1386
Annual Death Rate	8.55	9.18	9 27	9.19	9 46	9.58	9.91	10.47	10.87	9.72	10.77	10.26	11.52
*Acute Infectious Diseases	26	26	33	27	22	32	41	34	53	44	54	41	59
Pul. Tuberculosis..	99	95	91	93	104	83	97	114	100	86	125	93	99
Influenza.....	3	2	5	6	4	5	5	5	8	9	11	8	13
Lobar Pneumonia..	29	31	43	44	52	32	65	70	81	64	90	81	110
Broncho Pneum...	41	46	44	46	43	60	50	59	70	56	62	61	76
**Violent Deaths ...	57	77	72	80	75	82	97	82	78	66	76	78	83
Deaths under 1 year..	135	170	185	166	157	167	154	168	187	160	168	202	186
Rates per 1,000 births	72.1	66.3	72.1	64.3	61.4	65.4	60.5	65.2	72.5	62 9	64.1	79.5	72.5
Deaths under 5 years	238	222	256	240	215	237	229	248	270	221	247	277	287
" 5-65 years....	555	591	590	602	638	625	654	690	709	659	749	649	755
" 65 years and over	213	267	245	240	266	266	283	294	301	264	272	282	344

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	403	259	301	313	235	302	262	149	261	265	218	213	198
Diphtheria	164	168	255	283	264	361	331	377	373	449	408	329	416
Measles	35	20	38	43	40	39	62	39	35	34	65	48	74
Scarlet Fever	61	109	115	94	105	186	176	196	214	278	292	255	312
Chickenpox	34	19	73	96	78	86	112	147	136	213	209	104	190
Influenza	12	11	14	23	17	23	22	35	51	42	67	29	64
Pneumonias	92	101	109	160	138	216	269	294	356	376	306	235	261
Typhoid Fever	36	25	41	27	30	24	28	14	22	24	12	9	11
Whooping Cough ...	57	84	76	64	59	59	56	86	79	70	74	88	58
Syphilis	403	344	405	474	424	397	358	306	448	356	331	286	188
Gonorrhoea	110	75	110	84	56	75	45	49	67	95	68	65	66
Poliomyelitis	15	23	12	9	10	13	3	2	3		2	1	
Cerebro-spinal Meningitis	4	6	2	4	2	6	5	6	5	6	3	5	3
Total.....	1418	1264	1606	1684	1503	1744	1779	1709	2114	2254	2065	1717	1887

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, January 1, 1921.

Boroughs	U.S. Census April 15, Population 1910.	Estimated Population July 1 1921.	Deaths 1920.	Deaths 1921	Deaths *Corrected 1921.	Births	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,331,542	2,877,998	670	614	618	901	398	39	12.17	11.67	11.20
The Bronx	430,980	692,572	168	141	140	262	70	10	19.71	10.62	10.53
Brooklyn	1,634,351	2,165,877	447	466	492	844	445	60	11.01	11.23	11.85
Queens	284,041	4.2 776	99	92	101	169	50	11	12 81	11.09	12.18
Richmond	85,969	107 478	32	43	35	81	6	5	15.82	20 87	16.99
City of New York.	4,766,883	6 276 096	1401	1336	1386	2257	969	125	11.90	11.52	

*Corrected by redistributing deaths according to borough of residence.

During the year 1920 there were 73,249 deaths, a rate of 11.93 per 1,000 population. During the year 1919 there were 74,433 deaths, a rate of 12.39 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-Spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 Years and Over
Manhattan	29	32	..	8	9	55	29	14	12	6	7	34	87	129	357	158
The Bronx	24	20	..	1	1	10	5	.	..	1	..	3	19	26	81	34
Brooklyn	2	32	..	4	6	40	25	9	..	5	3	24	64	106	249	111
Queens	..	9	..	..	..	8	11	3	3	..	1	9	13	20	43	29
Richmond	1	6	..	..	..	2	5	..	..	1	..	2	3	6	25	12
Total	58	99	..	13	16	110	75	26	23	13	11	72	186	287	755	344

Corrected Mortality Among Children.

Boroughs.	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. Deaths	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places	Under 5 Years of Age. All Causes	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Diarrhoeal Disease	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Epidemic Diseases	Under 5 Years of Age. Rate per 1,000 Living
Manhattan	82	75.8	9	8.3	7	4	122	21 9	10	1.8	21	3.8
The Bronx	22	82.1	1	3.6	.	.	81	28.5	1	3	4	3.0
Brooklyn	64	68.8	2	2.1	1	1	106	22.8	8	1 7	17	3.7
Queens	13	71.9	3	16.6	1	2	21	22.6	3	3.2	1	1 1
Richmond	4	74.9	1	18.7	..	..	7	32.9	1	4.1	1	4.1
City of New York.	186	78.5	16	6.8	9	7	287	22 6	23	1.8	44	3.5

During the year 1920 11,340 infants died, a rate of 85. per 1,000 births. During the year 1919, 10,639 infants died, a rate of 82. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis		Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Avenue	Otisville Sanator.	
Jan'y 12-25-20	119	122	20	30	60	66	3	14	11	7	..						14	546	1012
Admitted	21	40	1	22	16	29	2	5	..	..	..						..	14	152
Discharged	13	32	4	14	7	11	..	1	1	2	..						1	8	84
Died	6	5	..	1	1	8	1	..	..	..	..						..	..	22
Jan'y 1-1-21	121	125	17	37	68	76	4	18	10	5	..						13	552	1048
Total treated	140	162	21	52	76	95	5	19	11	7	..						14	560	1164

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1913.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5	Under 5 Years	5-15.	15-25.	25-45.	45 65.	65 and Over.
All causes	1,386	1,401	747	639	186	40	61	27	44	65	246	400	346
1. Typhoid Fever	2	2	1	1	..	..	..	..	..	..	1	1	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	17	2	2	1	2	1	4	..	..	..	..	..
6. Scarlet Fever	13	..	4	9	1	2	3	6	6	..	1	..	..
7. Whooping Cough	6	6	3	3	3	..	3	6	..	..	..	..	..
8. Diphtheria	35	38	19	16	5	7	16	28	6	..	1	..	..
9. Influenza	13	11	9	4	1	1	..	2	..	2	3	5	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	4	5	2	2	3	..	..	3	..	..	..	1	..
13. Pulmonary Tuberculosis	99	127	60	39	..	..	2	2	1	23	44	22	7
14. Tbc. Meaningitis	6	5	..	6	2	..	2	4	..	..	1	1	..
15. Other forms Tbc.	13	5	5	3	3	..	..	3	1	4	5	..	..
16. Cancer, Malignant Tumor	111	101	58	53	..	..	..	..	..	1	21	64	25
17. Simple Meningitis Of which	3	6	2	1	1	..	1	2	..	1	..	..	..
17a. Cerebro-spinal Meningitis	..	2	..	..	..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	19	11	9	10	..	..	..	..	..	..	2	6	11
19. Organic Heart Diseases	244	260	124	120	1	..	1	2	6	3	34	95	104
20. Acute Bronchitis	16	12	9	7	9	2	3	14	..	..	..	..	2
21. Chronic Bronchitis	2	7	1	1	..	..	..	..	..	..	..	..	2
22. Lobar Pneumonia	110	108	61	49	9	7	2	18	5	4	25	32	24
22a. Broncho Pneumonia	75	86	37	38	25	6	12	43	3	..	4	10	15
23. Other Respiratory Diseases	7	12	6	1	..	..	1	1	..	..	3	3	..
24. Diseases of the Stomach (Cancer excepted	6	5	3	3	3	..	1	4	..	..	..	2	..
25. Diarrhoeal Diseases (under 5 years)	23	20	10	13	16	6	1	23	..	..	..	.	..
26. Appendicitis and Typhilitis	13	13	7	6	..	..	2	2	1	2	3	5	..
27. Hernia, Intestional Obstruction	18	11	10	8	2	..	1	3	..	1	2	6	6
28. Cirrhosis of Liver	10	11	8	2	..	..	..	..	..	..	3	2	5
29. Bright's Disease & Nephritis	102	118	50	52	1	1	1	3	..	4	10	45	40
30. Diseases of Women (not Cancer)	6	3	..	6	..	..	..	..	..	1	3	2	..
31. Puerperal Septicaemia	4	3	..	4	..	..	..	..	..	..	4	..	..
32. Other Puerperal Diseases	15	12	..	15	..	..	..	..	..	2	13	..	.
33. Congenital Debility, and Malformations	70	64	41	29	68	..	1	69	1	..	..	..	.
34. Old Age	10	7	4	6	..	..	..	.	.	.	.	.	10
35. Violent Deaths	83	84	62	21	..	2	3	5	11	9	24	18	16
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	72	79	55	17	.	2	3	5	11	6	19	16	15
c. Homicide	11	5	7	4	..	..	..	..	..	3	5	2	1
36. Suicide	13	12	12	1	..	..	..	..	..	..	9	4	..
*37. All other causes.	220	222	127	103	32	4	4	40	3	3	29	76	74
38. Ill-defined causes.	1	2	1	.	.	.	.	.	.	.	1	.	.

Deaths in Institutions,	577	Mean temperature,	32.4 deg. Fahr.
Mean barometer,	29.88	Maximum temperature,	46.0 deg. Fahr.
Mean humidity,	68.4	Minimum temperature,	16.0 deg. Fahr.
Precipitation,	.84	Snow,	1.7

†If the deaths under one month, numbering 88 from all causes, be deducted from the total deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 4, Diabetes 19, Alcoholism 5, Locomotor Ataxia 1, Paresis 4, Arterio-sclerosis 70, all other congenital causes 19.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 100 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JANUARY 15, 1921. No. 3.

APPEAL TO PHYSICIANS TO HELP IN THE FURTHER CONTROL OF DIPHTHERIA.

As the prevalence of diphtheria in New York City. during November and December (as may be seen by the table printed below) was considerably above that of last year and that of the five-year average, all physicians are appealed to to co-operate with the Department of Health in special measures to control the spread of this disease.

First, by immunizing, or securing from the family permission for the Department of Health to immunize, every child exposed to diphtheria.

Second, by Schick testing, or urging all families not directly exposed to diphtheria, to be Schick tested by the Department of Health.

Prompt attention will be given to any family referred for Schick testing and active immunization.

Diphtheria in New York City.

Week ending	1920 Cases	1920 Deaths	1919 Cases	1919 Deaths	5-yr. Average Cases	5-yr. Average Deaths
November 6	285	6	256	22	220	15
November 13	374	21	249	19	220	15
November 20	395	26	289	21	225	15
November 27	392	21	313	17	220	15
December 4	411	30	455	27	220	15
December 11	445	18	365	28	260	25
December 18	437	29	408	35	260	25
December 25	350	25	322	8	260	25
January 1	455	35	347	38	260	25
Total	3544	211	3004	215	2145	175

NEW NARCOTIC DRUG REGULATIONS.

The State Commissioner of Narcotic Drug Control has recently promulgated the following regulations, which we publish by his request for the information of physicians:

Pursuant to the authority conferred upon me by Chapter 639 of the Public Health Law, Article XXII, Section 421 thereof, the former rules are revised and

Digitized by Google

I hereby promulgate the following rules and resolutions for the administration of the Department of Narcotic Drug Control of the State of New York:

Division of State Into Districts.

Regulation 1. I hereby designate the counties of New York, Richmond, Bronx, Rockland, Westchester, Kings, Queens, Nassau and Suffolk as the First District; the counties of Putnam, Dutchess, Columbia, Rensselaer, Washington, Clinton, Essex, Warren, Saratoga, Albany, Greene, Ulster, Orange, Sullivan, Delaware, Schoharie, Schenectady, Montgomery, Fulton, Hamilton, Franklin, St. Lawrence, Herkimer, Otsego, Chenango, Madison, Oneida, Lewis, Jefferson and Oswego as the Second District; and the counties of Broome, Cortland, Onondaga, Cayuga, Tompkins, Tioga, Chemung, Schuyler, Seneca, Wayne, Ontario, Yates, Steuben, Alleghany, Livingston, Monroe, Orleans, Genesee, Wyoming, Cattaraugus, Chautauqua, Erie and Niagara as the Third District.

Purchasing.

Regulation 2. For all purchases of narcotic drugs the official triplicate order form is required. The person issuing the order shall retain the triplicate copy of such order on file for a period of two years, and send the other two to the person to whom the order is given.

When the order is given to a person without the State, the Federal official order form only need be sent, provided the purchaser shall enter a copy of the order on the State official triplicate order form, retaining in his file the original and triplicate copies and forthwith mailing the duplicate copy to this Department.

When the order is given to a person without the State, and is only partially filled and the balance of the goods ordered is to be sent afterward, the person issuing such order shall note the particulars on the original and triplicate State official order forms retained by him and shall give notice to this Department that delivery is incomplete. When the delivery has been completed he shall make notation to that effect on the original and triplicate retained by him, and notify this Department that said order is completed.

When the order is given to a person without the State and is cancelled and no goods are to be sent on it, the person issuing such order shall note the fact upon the original and triplicate State official order forms retained by him and shall give notice to this Department.

Selling.

Regulation 3. Sales of narcotic drugs may be made to persons within the State, who are duly registered as provided, upon receipt by the seller of the original and duplicate of the triplicate official order forms. The seller shall retain the original of said order forms on file for a period of two years and upon filling the order shall forthwith mail the other to this Department.

Sales may be made to a person without the State upon receipt from such person of the Federal order form properly executed, although not accompanied by the New York State official order forms. Delivery of the narcotic drugs in such cases may be made within the State of New York to the dealer in person or to his recognized agent or messenger.

Short Shipments and Partly Filled Orders.

Regulation 4. In case an order is partly filled and the balance of the goods ordered is to be sent afterward, the seller shall make a notation on the original and duplicate stating the quantity or quantities supplied and the date and shall file at once with this Department the duplicate of the order thus amended.

In case further partial deliveries are made, notation shall be made by the seller on the original in his file showing date of such further partial deliveries and the items thus supplied, and shall mail notice to this Department on the form obtainable from this Department that such additional deliveries have been made;

Digitized by Google

or, upon the completion of the order shall give notice to this Department that it has been completed, using the said form provided.

In case an order is partly filled and the balance is cancelled and will not be sent, the seller shall make notation to that effect on the original and duplicate order so that they will show plainly the exact quantity of the narcotic drug supplied and shall forthwith mail such amended duplicate to this Department, and shall give notice to the buyer that his order has been thus reduced or amended.

Upon receiving such notice the buyer shall note upon the triplicate retained by him the details of such change or reduction in the order.

Third Party Shipments.

Regulation 5. Wholesale dealers or jobbers in narcotic drugs, when unable to fill an order received from a duly registered person within the State, may send their own State official purchase order to a manufacturer or other wholesale dealer or jobber with the request that such drugs be shipped direct to such person and charged to the wholesale dealer or jobber issuing such third party order.

The wholesale dealer or jobber issuing such State official order shall note thereon the registry number of the person to whom such drug is to be shipped and the serial number of such order. When notice is received that shipment has been effected, the wholesale dealer or jobber issuing such third party order shall forthwith mail to this Department the duplicate order received and retain the original of said orders on file for a period of two years.

Exceptions: When such third party order is sent to a person without the State the Federal official order only need be sent, provided the wholesale dealer or jobber shall enter a copy of such order on the State triplicate official order form and, when notice is received that shipment has been effected, the duplicate State official order thus prepared shall forthwith be mailed to this Department and the original and the triplicate shall be retained on file for two years by the wholesale dealer or jobber.

When goods are ordered from a person without the State to be delivered or sent to a person without the State, no report need be made to this Department.

Filing Triplicate Prescription Blanks.

Regulation 6. The pharmacist on filling a prescription issued on a triplicate prescription blank, should endorse on the face of the original and the duplicate the date of filling, file number, his name and business address and the name of the person to whom the prescription is delivered, if other than the person for whom the prescription was issued.

Definition of Addiction.

Regulation 7. For the purposes of this Department the term "Drug Addict" is defined as follows: Any person who has needed or demanded the administering, prescribing for, or dispensing of cocaine, opium or their derivatives at more or less regular intervals for thirty consecutive days prior to the time such person applies to a physician or a physician of any institution for the administering, prescribing for or dispensing of any such drugs or their derivatives; provided, however, that upon the filing of the report of the case by the attending physician, or the physician of an institution in charge of the patient, with this Department, it may rule that such person shall or shall not be recorded.

Record of Cocaine Solution.

Regulation 8. A physician in the course of his practice may, in the treatment of a patient administer a solution of cocaine as a local anaesthetic, provided he keeps a record of the date when such stock solution is made and when exhausted, and a record of the gross amount used in such solution.

Digitized by Google

Examination of Addicts.

Regulation 9. A physician or a physician of any institution, before beginning the treatment of a patient for drug addiction must make as thorough a physical examination as is necessary to satisfy him that the patient is addicted to the use of cocaine, opium or their derivatives. The physician or the physician of the institution must keep on file a statement of his examination with the name of the patient, his address, and the date of the examination.

Reporting Addicts.

Regulation 10. A physician or physician of any institution prescribing for, administering or dispensing cocaine, opium or their derivatives daily for more than thirty days to a patient, shall register with this Department, or its authorized agent, the name of such person, together with a statement of the physical or mental condition of such person and a prognosis as to the probable future necessity for continuing the prescribing, administering or dispensing of cocaine, opium, or their derivatives to such patient; such prognosis shall include an estimate as to the length of time which, according to the judgment of the registered physician or the physician of any institution, will be required to remove the necessity of administering the aforesaid narcotic drugs to such patient.

Reporting Probable Addicts.

Regulation 11. A physician or physician of any institution is expected to co-operate with the Department of Narcotic Drug Control and is required to register within forty-eight (48) hours with said Department, the name, address, physical and mental condition, and any necessary circumstantial information regarding any person who applies for professional treatment, and whom the physician or the physician of the institution thinks is an addict.

Use of Official Blanks.

Regulation 12. A physician or physician of any institution, issuing a prescription for, administering or dispensing cocaine, opium or their derivatives in any quantity whatsoever, whether for a drug addict or any other patient, shall only do so upon the official triplicate prescription blank or the official duplicate dispensing blank.

An apothecary must not dispense cocaine, opium or their derivatives on any prescription, unless it is written on the official triplicate prescription blank.

All provisions of law and all regulations applying to the filing of official prescription blanks and official dispensing blanks shall apply to such blanks used pursuant to this regulation.

Practice in "Good Faith."

Regulation 13. The first paragraph of subdivision 5, of Section 427, Article XXII, Chapter 639 of the Public Health Law, reading: "A physician may in the course of the legitimate practice of good faith of his profession, and for the purpose of relieving or preventing pain or suffering on the part of a patient, or to effect a cure, administer, prescribe or dispense cocaine or opium or their derivatives as follows:" shall be interpreted to mean that where a physician or an institution prescribes for, administers or dispenses opium, cocaine or any of their derivatives to an habitual user thereof, such prescribing for, dispensing or administering, not being issued in the course of professional treatment in the attempted cure of the addiction, or for relief in the treatment of any other disease or surgical operation, but being used for the purpose of providing the addict with the aforesaid drug or drugs sufficient to keep him comfortable, will be considered by the Department as a perversion of the meaning of the words "good faith" contained in said subdivision.

Digitized by Google

Treatment of Addiction.

Regulation 14. While opium, cocaine or their derivatives may legitimately be used in connection with or as part of the treatment for the cure of addiction, the prescribing for, administering or dispensing of such drugs to an addict for self-administration by such patient shall not be deemed to constitute in itself legitimate medical treatment for the cure of such addiction, unless the physician purposes either by a gradual reduction in the dose, or by some other method of treatment to effect within a reasonable limit of time a cure of the addict.

Hypodermic Syringes.

Regulation 15. No person shall sell at retail or furnish to any person other than a duly licensed physician, dentist or veterinarian, nurse, attendant or interne of any institution, an instrument commonly known as a hypodermic syringe, or an instrument commonly known as a hypodermic needle, except upon the written order of a physician. Every person who disposes of, or sells at retail or gives away to any person, either of the above instruments upon the written order of a physician shall, before delivering the same enter in a book kept for that purpose the date of the sale, the name and address of the purchaser, and a description of the instrument sold, disposed of, furnished or given away.

Records on Official Blanks for Addicts.

Regulation 16. A physician or physician of an institution issuing a prescription for, administering or dispensing cocaine, opium or their derivatives to a drug addict in any quantity whatsoever, shall ascertain, if possible, the date of the last dosage given to the addict, the amount of the dosage, the name of the physician who prescribed, administered or dispensed it, and insert such information on the official blank used.

WALTER R. HERRICK, *Commissioner.*

Dated, December 27th, 1920.

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 8, 1921.

There were 1,409 deaths reported and a rate of 11.71 during the week just closed, as compared with 1,534 deaths and a rate of 13.03 per 1,000 of the population—a decrease in the absolute number of deaths of 125 and in the rate of 1.32 points, which is equivalent to a relative decrease of 159 deaths. There was only one death reported from measles, as compared with 21 in the corresponding week of 1920. Scarlet fever showed an increased mortality, there having been 14 deaths reported therefrom, as compared with 3; 27 deaths were reported from diphtheria, as compared with 25; 3 deaths from whooping cough, as compared with 5; there were 357 deaths reported from organic heart and kidney diseases, as compared with 424. The pneumonias showed an increased mortality, there having been 226 deaths reported during the week, as compared with 205. Pulmonary tuberculosis showed a decreased mortality, there having been 119 deaths reported, as compared with 149. Deaths of infants under one year showed a decreased mortality, there having been 184, as compared with 217.

Between one and five, 97 deaths, as compared with 116, a decrease of 19 deaths. At ages 65 years and over, 339 deaths were reported, as compared with 346. The death rate for the first 2 weeks of 1921 was 11.61, as compared with 12.46 for the corresponding weeks of 1920.

From January 1st to date, 73 children out of every 1,000 born, died under one year of age, as compared with 79 infants in the corresponding period of 1920

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL RESEARCH LIBRARY.

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANTHRAX.—Hubbard, S. D. Anthrax in animal (horse) hair; the modern industrial and public health menace. (A. M. A. Jour., Dec. 18, 1920. pp. 1685-1690, tables.)

CLINICS, INDUSTRIAL.—Wright, W. Industrial clinics in general hospitals. (Mod. Hosp., Dec., 1920. (pp. 506-508.)

DIPHTHERIA.—Allen, John and R. Wood. A diphtheria carrier of unusual type. (Brit. M. Jour., Nov. 27, 1920. p. 818.)

DISPENSARIES.—Lapp, J. A. The dispensary in the future program for public health. (Mod. Hosp., Dec., 1920. pp. 500-502.)

EYESIGHT.—U. S. Education, Bureau of. The eyesight of school children; defective vision as related to school environment, and methods of prevention and correction, by J. H. Berkowitz. 1920. 128 pp. plates. (Bull., 1919, No. 65.)
617.7Un3

FOOT.—Scheimberg. H. The weak foot in the child. (N. Y. Med. Jour., Dec. 18, 1920. pp. 988-993, Dec. 25, 1920. pp. 1028-1029.)

HOSPITALS.—Chalmers, A. K. The function of the isolation hospital in a general scheme of hospital provision. (Lancet, Nov. 20, 1920. pp. 1037-1042, charts.)

IMMIGRANTS.—Davis, M. M., Jr. Working with the immigrant. (Hospital Social Service Quarterly, Nov., 1920. pp. 423-442.)

INFANT FEEDING.—Richardson, F. H. Simplified infant feeding: A rational program for the first year of life. N. Y. Med. Jour., Dec. 18, 1920. pp. 977-983.)

MALNUTRITION.—Donnelly, W. H. The class method of treating malnutrition in children. (N. Y. Med. Jour., Dec. 18, 1920. pp. 973-975.)

NURSES.—Baker, S. J. Special education for the public health nurse. (N. Y. State, Health Dept. of, Health News, Nov., 1920. pp. 280-292.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Oct. 16	Oct. 23	Oct. 30	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8
Total deaths	1080	1091	1082	1114	1128	1166	1232	1280	1144	1268	1208	1386	1409
Annual Death Rate	9.18	9 27	9 19	9 46	9.58	9.91	10.47	10.87	9.72	10.77	10.26	11.52	11.71
*Acute Infectious Diseases	26	28	27	22	32	41	34	53	44	54	41	59	47
Pul. Tuberculosis..	95	91	98	104	88	97	114	100	86	125	93	99	119
Influenza.....	2	5	6	4	5	5	5	8	9	11	8	13	9
Lobar Pneumonia..	51	48	44	52	32	65	70	81	64	90	81	110	146
Broncho Pneum...	46	44	46	48	60	50	59	70	56	62	61	76	80
**Violent Deaths ...	77	72	80	75	82	97	82	78	66	76	78	88	97
Deaths under 1 year..	170	185	166	167	167	154	168	187	160	163	202	186	184
Rates per 1,000 births	66.8	72.1	64.8	61.4	65.4	60.5	65.2	73 5	62 9	64 1	79.5	73.5	72.5
Deaths under 5 years	222	256	240	215	237	229	248	270	221	247	277	287	281
" 5-65 years....	591	590	602	633	625	654	690	709	659	749	649	755	789
" 65 years and over	267	245	240	266	266	283	294	301	264	272	282	344	339

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	269	301	318	285	302	262	149	261	265	218	218	193	271
Diphtheria	198	255	288	264	361	381	377	378	449	408	329	416	5 8
Measles	20	33	43	40	39	62	39	55	84	65	48	74	86
Scarlet Fever	109	1 5	92	105	133	176	196	214	273	292	255	312	497
Chickenpox	19	78	98	78	86	112	147	180	213	209	104	199	278
Influenza	11	14	28	17	28	22	55	51	43	67	29	64	184
Pneumonias	101	169	160	128	216	269	294	356	376	306	285	261	510
Typhoid Fever	25	41	27	30	24	28	14	22	24	12	9	1	11
Whooping Cough ...	84	76	64	59	59	56	86	79	70	74	88	53	95
Syphilis	344	406	474	424	397	358	396	448	256	331	286	183	416
Gonorrhoea	75	110	84	56	75	45	49	67	95	68	65	63	64
Poliomyelitis	22	12	9	10	18	8	2	8		2	1		
Cerebro-spinal Meningitis	6	2	4	2	6	5	6	5	6	3	5	6	4
Total.....	1264	1606	1684	1503	1744	1779	1769	2114	2254	2055	1717	1887	2879

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, January 8, 1921.

Boroughs	U.S. Census April 15, Population 1910.	Estimated Population July 1 1921.	Deaths 1920.	Deaths 1921	Deaths *Corrected 1921.	Births	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,331,542	2,877,998	712	658	638	1332	811	46	13 13	11.93	11.57
The Bronx	430,980	698,572	171	152	154	860	69	18	18.38	11.45	11.60
Brooklyn	1,634,351	2,165,277	502	445	468	1075	422	36	12.37	10.72	11.16
Queens	284,041	482,776	106	117	128	190	97	11	18 18	14.11	15.48
Richmond	85,969	107 478	43	87	26	50	14	5	21.25	17 96	12.62
City of New York.	4,766,883	6 276 096	1584	1409	1409	3007	1413	116	13.08	11.71	

*Corrected by redistributing deaths according to borough of residence.

During the first two weeks of this year there were 2,795 deaths, a rate of 11.61 per 1,000 population. During the corresponding weeks of last year there were 2,985 deaths, a rate of 12.46 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-Spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 Years and Over
Manhattan	20	44	..	5	6	68	34	9	8	8	7	44	76	1 4	385	149
The Bronx	1	20	..	2 2		15	11	4	3	1	..	11	16	28	87	42
Brooklyn	21	33	1		5	45	24	5	4	1	1	33	73	109	231	105
Queens	3	10	..	..	1	16	9	1	1	3	..	..	18	24	62	31
Richmond	..	12	..	..	..	2	2	..	..	..	..	1	1	1	24	12
Total	45	119	1	9	12	146	80	19	16	8	8	89	184	281	789	389

Corrected Mortality Among Children.

Boroughs.	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births	Diarrhoeal Diseases. Deaths	Diarrhoeal Diseases. Rate per 1,000 Births	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places	Under 5 Years of Age. All Causes	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Epidemic Diseases	Under 5 Years of Age. Rate per 1,000 Living
Manhattan	77	70.9	8	7.4	3	5	122	21 9	8	1.4	14	2.5
The Bronx	17	60.5	2	7.1	.	2	26	19.7	3	2 3	3	2 8
Brooklyn	72	76.8	3	8.2	..	3	109	23.4	4	1.9	15	3.2
Queens	17	94.0	1	5.5	..	1	23	24.7	1	1.1	2	2 2
Richmond	1	18.6	..			..	1	4 7	..	..	..	..
City of New York.	184	72.5	14	5.5	8	11	281	22 2	16	1.3	34	2.7

During the first two weeks of this year 370 infants died, a rate of 73. per 1,000 births. During the corresponding weeks of last year 397 died, a rate of 79. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Ave. Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanator.	Grand Total.
Rem'g 1-1 2'..	121	125	17	87	68	76	4	18	10	5	1	2	.			..	18	552	1048
Admitted	28	46	3	24	14	79	1	11	1	1	1	1	.			..	2	17	179
Discharged .	20	35	4	18	17	15	..	4	4	2		1	.			..		15	130
Died	4	7	2	3	2	11	..	1	..	..	..	..	..			..		2	33
Rem'g 1 8 21	125	129	14	45	63	79	5	24	7	4	1	1				..	15	552	1064
Total treated	149	171	20	61	82	105	5	29	11	6	1	3	..	..	..	..	15	569	1227

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1914.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5	Under 5 Years	5 15.	15 25.	25-45	45 65.	65 and Over.
All causes	1,409	1,534	766	643	184	89	58	281	55	69	248	417	339
1. Typhoid Fever	1	1	1	..				..	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	1	21	..	1	..	..	1	1	..	..	..	..	..
6. Scarlet Fever	14	8	9	5	1	2	6	9	4	..	1	..	..
7. Whooping Cough	8	5	2	1	2	1	..	3	..	..	..	..	..
8. Diphtheria	27	25	13	14	1	7	13	21	5	1	..	..	..
9. Influenza	9	12	4	5	..	..	..	..	1		1	3	4
Poliomyelitis		1	..	..				..	..	..	..	..	..
12. Other Epidemic Diseases	9	8	6	3	2	1	..	3		2	1	1	2
13. Pulmonary Tuberculosis	119	149	73	46			.	..	4	15	57	33	5
14. Tbc. Meningitis	12	10	8	4	4	3	1	8	2	1	1	..	..
15. Other forms Tbc.	5	6	3	2	..		..	..	..	1	3	1	..
16. Cancer, Malignant Tumor	101	42	44	57			..	..	..	3	17	58	23
17. Simple Meningitis	4	18	2	2	1	..	1	2	1	1	..	..	..
Of which													
17a. Cerebro-spinal Meningitis	1	5	..	1	1	..	..	1	..		..	..	..
18. Apoplexy, Softening of the Brain	24	14	16	8	..					..	2	9	13
19. Organic Heart Diseases	259	83	129	130			1	1	3	5	26	90	129
20. Acute Bronchitis	12	18	8	4	3	1	1	10	..	..	..	.	2
21. Chronic Bronchitis	3	2	1	2	1	.	..	1		..			2
22. Lobar Pneumonia	146	118	89	57	12	9	6	27	5	11	27	46	30
22a. Broncho Pneumonia	80	87	49	31	26	12	9	47	1	3	6	12	11
23. Other Respiratory Diseases	10	18	9	1	..	1	1	2	1		2	3	2
24. Diseases of the Stomach (Cancer excepted	6	7	4	2	1		..	1	..	..	1	3	1
25. Diarrhoeal Diseases (under 5 years)	16	34	7	9	14	1	1	16			..		..
26. Appendicitis and Typhilitis	13	14	9	4		..	1	1	3	3	3	1	2
27. Hernia, Intestional Obstruction	11	6	6	5	1	..	..	1	1	..	3	3	3
28. Cirrhosis of Liver	4	5	4		..	..	..	.		..	..	3	1
29. Bright's Disease & Nephritis	78	124	36	42	1	1	2	4	1	..	9	28	36
30. Diseases of Women (not Cancer)	3	6	..	3	..	..	..		.	..	1	2	..
31. Puerperal Septicaemia	3	4	..	3	..	..	..			1	2	..	..
32. Other Puerperal Diseases	13	14	..	13	..	..	..		..	1	12	..	..
33. Congenital Debility, and Malformations	77	75	39	38	75	..	2	77	.	.		..	..
34. Old Age	4	8	1	3	..	..	..					..	4
35. Violent Deaths	97	104	73	24	3	..	6	9	10	11	32	29	6
a. Sunstroke			.		..	..	..	..				..	..
b. Other Accidents	89	93	65	24	3	.	6	9	10	9	27	28	6
c. Homicide	8	11	8	..	..	..	..	..		2	5	1	..
36. Suicide	8	18	7	1	..	..				1	5	2	..
*37. All other causes.	224	282	111	123	31	..	5	36	3	9	33	85	63
38. Ill-defined causes.	3	2	3				1	1			2		

Deaths in Institutions,	574	Mean temperature,	40.4 deg. Fahr.
Mean barometer,	29.75	Maximum temperature,	57.0 deg. Fahr.
Mean humidity,	66.4	Minimum temperature,	24.0 deg. Fahr.
Precipitation,	.37	Snow,	0.1

†If the deaths under one month, numbering 92 from all causes, be deducted from the total deaths under one year, the resulting rate will be 36 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 11, Diabetes 21, Alcoholism 6, Locomotor Ataxia 3, Paresis 3, Arterio-sclerosis 66, all other congenital causes 21.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JANUARY 22, 1921. No. 4.

CHANGES IN REGULATIONS AFFECTING DRUGS AND PATENT AND PROPRIETARY MEDICINES.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 29th day of December, 1920, the following resolutions were adopted:

RESOLVED, That section 116 of the Sanitary Code be and the same is hereby amended and made to read as follows:

Section 116. **Drugs; Manufacture and Sale Regulated; the Terms "Drugs," "Adulterated," and "Misbranded" Defined.** No person shall manufacture or produce, or have, sell, or offer for sale, in the City of New York, any drug which is adulterated or misbranded. The term drug as herein used shall include all medicines for external or internal use, or both. Drugs as herein defined shall be deemed adulterated:

(1) If, when sold by or under a name recognized in the United States Pharmacopoeia or National Formulary, it differs from the standard of strength, quality, or purity, as stated in the United States Pharmacopoeia or National Formulary at the time of investigation.

(2) If its strength or purity falls below or its strength is in excess of the professed standard under which it is sold.

A drug shall be deemed misbranded:

(a) If it is an imitation or offered for sale under the distinctive name of another article.

(b) If the contents of the package as originally put up shall have been removed, in whole or in part, and other contents shall have been placed in such package, or if the package fails to bear a statement on the label thereof, of the quantity or proportion of any alcohol, morphine, opium, cocaine, heroin, alpha or beta eucaine, chloroform, cannabis indica, chloral hydrate, or acetanilid, or any derivative or preparation of any such substances, contained therein.

(c) If the package or label bear or contain any statement, design, or device, regarding the drug or its ingredients, or regarding its or their action on diseased conditions, which statement, design, or device shall be false or misleading in any particular.

(d) If a box, bottle, or package, containing virus therapeutic serum, toxin, antitoxin, or analogous product, fails to bear on the outside thereof,

Digitized by Google

conspicuously, clearly, and legibly set forth in English the proper name of the substance therein contained, the name and address of the person, persons, firm or corporation by whom or by which the said substance has been prepared, the date beyond which the said substance cannot be reasonably expected to produce the result or results for which it has been prepared, and (if such license shall have been obtained) the United States license number of the establishment in which the said substance has been prepared; and in the case of diphtheria and tetanus antitoxin, if the box, bottle, or package containing such antitoxin shall fail to bear on the outside thereof conspicuously, clearly and legibly set forth, in English, the value of the contents thereof as an antitoxin, which value shall be measured according to and stated in the terms of some generally recognized standard.

RESOLVED, That section 117 of the Sanitary Code be and the same is hereby amended and made to read as follows:

Section 117. **Regulating the Sale of Proprietary and Patent Medicines.** It shall be the duty of every manufacturer or proprietor, of proprietary or patent medicines manufactured, prepared, or intended for external or internal human use, before offering any such medicine for sale in the City of New York, to register the same with, and procure a Certificate of Registration from the Department of Health in accordance with the Regulations of the Board of Health.

On and after April 1, 1921, no proprietary or patent medicine manufactured, prepared or intended for internal or external human use, shall be held, offered for sale, sold, or given away, in the City of New York, unless such medicine shall have been registered with the Department of Health in accordance with the Regulations of the Board of Health, nor shall any such medicine be held, offered for sale, sold, or given away, in said City, contrary to the Regulations of the Board of Health.

The expression "proprietary or patent medicine," for the purposes of this section, shall be taken to mean and include every medicine or medicinal compound, manufactured, prepared, or intended for external or internal human use, the name, composition, or definition of which is not to be found in the United States Pharmacopoeia or National Formulary, or which does not bear the names of all the ingredients to which the therapeutic effects claimed are attributed and the names of all other ingredients except such as are physiologically inactive, conspicuously, clearly, and legibly set forth in English, on the outside of such bottle, box, or package in which the said medicine or medicinal compound is held, offered for sale, sold or given away.

The provisions of this section shall not, however, apply to any medicine or medicinal compound, prepared or compounded upon the written prescription of a duly licensed physician, provided that such prescription be written or issued for a specific person and not for general use, and that such medicine or medicinal compound be sold or given away to or for the use of the person for which it shall have been prescribed and prepared or compounded; and provided, also, that the said prescription shall have been filed at the establishment or place where such medicine or medicinal compound is sold or given away, in chronological order according to the date of the receipt of such prescription at such establishment or place.

Every such prescription shall remain on file for a period of five years.

All information relating to or connected with the registration of any patent or proprietary medicine, registered in accordance with the provisions of this section, shall be regarded as confidential, and shall not be open to inspection by the public or any person other than the official custodian of

Digitized by Google

such records, and those duly authorized to prosecute or enforce the Federal Statutes, the Laws of the State of New York, both criminal and civil, and the Ordinances of the City of New York, but only for the purpose of such prosecution or enforcement.

Provided, however, the provisions of this Section relating to registration shall not apply to stores of merchandise in the hands of druggists or other dealers on February 25th, 1919, nor to proprietary or patent medicines registered in the Department of Health in accordance with the provisions of Section 117 of the Sanitary Code as adopted by the Board of Health on December 31st, 1914, and as amended by said Board on October 26th, 1915, and as further amended by said Board on February 25th, 1919.

RESOLVED, That the Regulations governing the registration of patent and proprietary medicines, and relating to Section 117 of the Sanitary Code, be amended to read as follows:

Regulation 1. **Information to be Filed by Applicant.** All applications for a Certificate of Registration shall be made upon official application blanks supplied by the Department of Health, and shall be signed by the applicant. The applicant shall, in each instance, furnish the following information:

1. Name of preparation;
2. Name of applicant (specifying whether manufacturer, proprietor, importer or distributor);
3. Location of manufacturer;
4. Place of manufacture;
5. Form in which preparation is marketed;
6. Therapeutic effects claimed for preparation;
7. Exact text in English of all advertising matter and every statement set forth upon or contained in the package, box, bottle, or container, as sold, and of all advertising matter relating to the said preparation contained in any circular, leaflet, or book sold or distributed with or in connection with such preparation.

Regulation 2. **Sample of Preparation to be Furnished.** A sample of the preparation in the form in which it is to be sold or offered for sale in the City of New York, including the package, wrapper, label, box, bottle, container, and all advertising matter and statements, relating to the preparation contained in any circular, leaflet, or book sold or distributed with or in connection with such preparation, shall be submitted with the application. Subsequent changes in form or text of such labels, advertising matter, or statements shall be filed with the Department of Health before use.

Regulation 3. **Registration and Certificate of Registration.** When such application properly filled out and signed together with the required sample of the preparation including the package, wrapper, label, box, bottle, container and all advertising matter and samples as provided in Regulation 2, shall have been filed with the Department of Health, a Certificate of Registration shall be issued, except as herein otherwise specifically provided. Such certificate shall contain the names of all preparations registered by a particular person, firm or corporation, the name of the person registering each preparation and the date. Every such Registration Certificate shall be numbered, which said number shall identify the particular preparation so registered. If it shall appear to the Commissioner of Health or his duly authorized representative that the claims made for a proprietary or patent medicine are false, fraudulent or misleading, such manufacturer shall, upon request, submit for the consideration of such examining official the names of the ingredients of which the preparation is composed and for which thera-

Digitized by Google

peutic value is claimed and all other ingredients which are not physiologically inactive. The names of such ingredients when so submitted to such examining official shall be treated as confidential. Provided, however, that the Commissioner of Health or his duly authorized representative shall give not less than fifteen (15) days notice in writing to the person who is the manufacturer of such medicine to show cause why such article should not be dealt with as an article sold in violation of the Sanitary Code, Laws of the State of New York and the United States Statutes. Such notice shall be served personally or by registered mail as the Commissioner of Health may determine and shall specify the time when and the place where and the name of the agent or the official before whom such manufacturer or his representative is required to appear. The mailing of such notice by registered mail shall be conclusively presumed to be notice to such manufacturer. In the event that such manufacturer fails to appear in answer to such notification, or declines to comply with the notice and request of the Commissioner to furnish the names of the ingredients to which therapeutic effects are claimed and attributed, or there has been a judgment or decree entered by a court of competent jurisdiction adverse to such manufacturer or his medicine, such application for registration may, in the discretion of the said Board of Health be denied and the issuance of a Certificate of Registration refused, or, if such medicine has been registered with the Department of Health and a Certificate of Registration issued, such registration may, in the discretion of the Board of Health, be cancelled and the Certificate of Registration revoked.

Regulation 4. **Certificate of Registration Does Not Pass Upon Merits of or Assume, Endorse, or Accept the Claims to Therapeutic Action of Proprietary or Patent Medicines.** No manufacturer, proprietor, distributor, importer, or vendor shall, in any advertisement or in any other manner, assert, imply or indicate that the Certificate of Registration issued by the Department of Health passes upon the merits, or assumes, endorses, or accepts the claims to thereapeutic action of the proprietary or patent medicine, and no reference of any kind to the Department of Health shall be made in any advertisement, label, package, box, bottle, or container in which such medicine is contained, or in any other whatsoever.

Regulation 5. **Publication of List of Registered, Proprietary and Patent Medicines.** The Department of Health shall publish each month in the Food and Drug Bulletin issued by said Department, a complete list of all proprietary and patent medicines registered in accordance with the provisions of these Regulations giving the name of each of such medicines, the date of registration, name of the manufacturer, and the Registration Certificate number. A copy of each issue of the Food and Drug Bulletin shall be mailed to every dealer in drugs and medicines in the City of New York, who shall keep the same on file in his place of business, so that he may ascertain whether or not a patent or proprietary medicine, offered for sale or distribution, is registered in the Department of Health.

It shall be the duty of every dealer in patent and proprietary medicines to register his name and place of business in the Bureau of Food and Drugs of the Department of Health.

Regulation 5. **Manufacturer to File Statement of Quantity of Scheduled Drugs.** Such manufacturer shall, at the time of applying for such Certificate of Registration, furnish the Department of Health with a statement under oath, of the quantity of the drug or drugs mentioned in the following schedule and contained in such medicine, which said statement shall be filed in the Department of Health and shall be treated as confidential:

Digitized by Google

Schedule.

Acetanilide and other coal-tar products.	Essential oil of mustard.
Aconite and its preparation.	Ether.
Arsenical preparations	Hellebore.
Atropine.	Hyoscyamin and its preparations.
Belladonna and its preparations.	Indian hemp.
Cantharides.	Nux vomica and derivatives.
Carbolic Acid.	Pennyroyal.
Chloral hydrate.	Phenacetine.
Chloroform.	Prussic acid.
Conia and compounds thereof.	Savin and preparations thereof.
Corrosive sublimate.	Strychnine and its preparations.
Cotton root.	Sulphonal.
Croton oil.	Tansy.
Digitalis and derivatives.	Tartrate of antimony.
Ergot.	Veratria.

Regulation 7. **Changes and Alterations in Composition or Name.** Should the manufacturer of a registered proprietary or patent medicine at any time decide to change or alter in any way the composition or the name of any medicine, for which a registration number has been granted, he shall notify the Department of Health of such intention and re-register such preparation and the former registration number shall thereupon be canceled and shall be reissued. No person, firm or corporation shall forge, alter, or use, knowing it to be forged or altered, any manufacturer's label or certificate required under the provisions of these Regulations.

Regulation 8. **Preparations Containing Harmful, Injurious and Deleterious Ingredients; Refusal to Register Authorized.** No proprietary or patent medicine shall be registered or a Registration Certificate issued therefor in the following instances:

(a) If it contains alkaloid cocaine or its salts, or alpha or beta eucaine or their salts, or any admixture, compound, solution or product of which cocaine or eucaine, or their salts, may be ingredient;

(a) If it contains alcohol in excess of the amount required as a solvent or preservative or is not sufficiently medicated to make it unfit for use as a beverage;

(c) If it contains any methyl (wood) alcohol;

(d) If it is offered or intended directly or indirectly for use as an abortificant, or for any other immoral or illegal purpose;

(e) If it contains more than the lawful quantity of opium or its derivatives. The term "lawful quantity" as herein used, means: If opium not more than two (2) grains; if codeine not more than (1) grain; if morphine not more than one fourth (¼) of a grain, or if heroin not more than one-eighth (⅛) of a grain in one (1) fluid ounce, or if a solid or semi-solid preparation one (1) avoirdupois ounce. Provided, however, the provisions of this subdivision shall not apply to liniments, ointments and other preparations containing such drugs which are prepared and suitable for external use only. Provided, further, that all such remedies and preparations are to be manufactured, sold, dispensed or possessed as medicines and not for the purpose of evading the intention and purpose of Article XXII of the Public Health Law of the State of New York;

(f) If the claim is made for the preparation, by means of advertisements

Digitized by Google

or recommendations, that it will "cure" or is a "specific" for any disease, deformity, injury or physical condition;

(g) If it contains any drug, or other substance, which, by reason of its poisonous or dangerous character, is present in such quantities as to render the preparation, when used according to directions, harmful, deleterious or dangerous to human life and health;

(h) If it is intended for administration to infants under one year of age, it shall contain any derivative of coal-tar, which, in the opinion of the Commissioner of Health, is dangerous to children.

Regulation 9. **False, Untruthful, Deceptive or Misleading Statements.** No person shall make a false, untruthful, deceptive, or misleading statement in any application or report filed with the Department of Health, nor shall any person make, publish, disseminate, circulate or place before the public or cause directly or indirectly to be made, published, disseminated, circulated or placed before the public in any newspaper, or other publication; an advertisement regarding any proprietary or patent medicine, which advertisement contains any assertion, representation, or statement which is false, untrue, deceptive or misleading.

CHARLES L. KOHLER,
Secretary of the Board of Health.

A true copy.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Oct. 23	Oct. 30	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15
Total deaths	1091	1082	1114	1128	1166	1232	1280	1144	1268	1208	1386	1409	1296
Annual Death Rate	9 27	9 19	9 46	9 58	9.91	10 47	10.88	9 72	10.77	10 26	11 52	11.71	11.63
*Acute Infectious Diseases	28	27	22	32	41	34	53	44	54	41	59	47	54
Pul. Tuberculosis..	91	98	104	88	97	114	100	86	125	93	99	119	101
Influenza.....	5	8	4	5	5	5	8	9	11	8	13	9	15
Lobar Pneumonia..	43	44	53	52	65	70	81	64	90	81	110	146	118
Broncho Pneum...	44	46	48	60	50	59	70	56	62	61	76	80	83
**Violent Deaths ...	72	80	75	82	97	82	78	66	76	78	88	97	61
Deaths under 1 year..	185	166	157	167	154	168	187	160	163	202	196	184	183
Rates per 1,000 births	78.1	64.8	61.4	65.4	60.5	65.2	73 5	62 9	64 1	79.5	73.5	72.5	72 0
Deaths under 5 years	256	240	215	237	229	248	270	221	247	277	287	281	280
" 5-65 years....	590	602	633	625	654	690	709	659	749	649	755	789	710
" 65 years and over	245	240	266	266	283	294	301	264	272	282	344	339	306

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	301	318	285	302	282	149	261	285	218	218	198	271	171
Diphtheria	255	288	264	261	281	377	378	449	408	329	416	5 8	479
Measles	33	43	40	39	62	39	55	84	65	48	74	86	99
Scarlet Fever	175	94	105	138	176	196	214	278	292	255	312	497	533
Chickenpox	78	98	78	86	112	147	180	218	209	104	199	278	224
Influenza	14	28	17	28	22	35	51	43	67	29	64	184	78
Pneumonias	169	160	138	216	269	294	356	276	306	285	361	510	341
Typhoid Fever	41	37	30	24	28	14	22	24	12	9	1	11	5
Whooping Cough ...	76	64	59	59	56	86	79	70	74	88	53	96	89
Syphilis	406	474	424	397	358	306	448	356	331	296	133	416	397
Gonorrhoea	110	84	56	75	45	49	67	95	68	65	63	64	69
Poliomyelitis	12	9	10	13	3	2	3		2	1		..	1
Cerebro-spinal Meningitis	2	4	2	6	5	6	5	6	3	5	3	4	9
Total.....	1606	1684	1503	1744	1779	1700	2114	2254	2055	1717	1887	2879	2507

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, January 15, 1921.

Boroughs	U.S. Census April 15, Population 1910.	Estimated Population July 1 1921.	Deaths 1920.	Deaths 1921	Deaths *Corrected 1921.	Births	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,331,542	2,877,198	674	648	617	1085	694	65	19 48	11.66	11.19
The Bronx	430,980	692,572	178	148	152	279	280	8	13.88	11.15	11.45
Brooklyn	1,634,351	2,165,277	481	478	496	1011	341	41	11.85	11 40	11.96
Queens	284,041	432 776	89	89	100	176	96	12	11 37	10.78	12.06
Richmond	85,969	107 472	39	48	31	60	18	1	19.28	20 88	15.05
City of New York.	4,766,883	6 276 096	1461	1396	1396	2611	1429	127	12.41	11.60	

*Corrected by redistributing deaths according to borough of residence.

During the first three weeks of this year there were 4,191 deaths, a rate of 11.60 per 1,000 population. During the corresponding weeks of last year there were 4,396 deaths, a rate of 12.45 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-Spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 Years and Over
Manhattan	25	33	3	7	6	56	52	14	14	11	1	38	94	149	366	122
The Bronx	5	21	..	1		13	7	3	3		..	6	23	28	82	40
Brooklyn	14	29	2	6	5	38	19	8	8	5	..	16	58	88	263	127
Queens	3	15	..	1		8	4	..	..		..	2	12	18	53	18
Richmond	..	11	..		1	3	1	..	..	..	..	..	4	4	26	18
Total	47	101	5	15	12	118	83	25	25	16	1	60	188	280	790	326

Corrected Mortality Among Children.

Boroughs.	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. Deaths	Rate per 1,000 Births	In Institutions.	Other Places	Under 5 Years of Age. All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	90	83.0	8	7.4	4	4	140	25.1	14	2.5	16	2.9
The Bronx	23	81.7	3	10.7		3	23	22.8	3	2.3	3	2.3
Brooklyn	53	66.4	7	7.4	2	5	37	18.7	3	1.7	9	1.9
Queens	13	72.0	..	..	.	..	19	20.4	..	..	2	2 1
Richmond	4	74.5	..				4	16.8		..	..	..
City of New York.	183	72.0	18	7.1	6	12	280	22 1	25	2.0	30	2.4

During the first three weeks of this year 553 infants died, a rate of 73. per 1,000 births. During the corresponding weeks of last year 588 died, a rate of 78. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Ave. Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanator.	Grand Total.
Rem'g 1 8 2'	125	129	14	45	63	79	5	24	7	4	1	1	..	..	..	..	15	552	964
Admitted	35	48	10	19	30	29	..	9	9	3	..	1	..	..	..	..	5	21	218
Discharged	22	42	3	16	10	19	1	2	..	3	..		..	..	..	..		7	125
Died	4	5	1	4	1	1	..	..	..	..	..		..	..	..	..	1	9	26
Rem'g 1 15 21.	134	130	20	44	82	88	4	31	16	3	1	2	..	..	..	..	19	557	1181
Total treated	160	177	24	64	93	108	5	33	16	6	1	2	..	..	..	..	20	578	1192

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5	Under 5 Years	5-15	15-25.	25-45.	45-65.	65 and Over.
All causes	1,396	1,461	755	641	183	44	58	280	60	61	256	413	326
1. Typhoid Fever	2	2	2	..	..	..	..	..	1	1	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	34	2	1	..	2	1	3	..	..	..	..	..
6. Scarlet Fever	16	5	8	8	1	..	6	7	5	3	..	1	..
7. Whooping Cough	4	8	1	3	3	..	1	4	..	..	..	..	..
8. Diphtheria	24	26	13	11	..	5	11	16	5	..	3	..	..
9. Influenza	15	18	6	9	2	..	..	2	2	..	2	6	3
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	6	6	4	2	2	..	..	2	..	..	2	2	..
13. Pulmonary Tuberculosis	101	114	51	50	..	..	..	..	5	16	50	27	3
14. Tbc. Meningitis	15	3	6	9	3	5	3	11	2	2	..	..	..
15. Other forms Tbc.	16	6	10	6	3		1	4	2	1	5	4	..
16. Cancer, Malignant Tumor	110	84	58	52	2	.	..	2	1	1	20	49	37
17. Simple Meningitis	8	7	6	2	2	..	1	3	1	..	1	3	
Of which													
17a. Cerebro-spinal Meningitis	5	4	4	1	1	..	..	1	2	.	1	1	..
18. Apoplexy, Softening of the Brain	18	15	8	10	..			.	..	..	3	6	9
19. Organic Heart Diseases	260	239	119	141	1	1	.	2	5	5	29	96	123
20. Acute Bronchitis	12	12	3	9	10	1	..	11	..	..	..	..	1
21. Chronic Bronchitis	3	4	1	2		1	..	1		..	1		1
22. Lobar Pneumonia	118	141	76	42	7	6	5	18	3	5	31	47	14
22a. Broncho Pneumonia	83	107	49	34	14	9	7	40	7	..	7	13	16
23. Other Respiratory Diseases	12	10	7	5	..	2	3	5	..	..	1	5	1
24. Diseases of the Stomach (Cancer excepted)	12	6	8	4	2		..	2	..	..	4	6	..
25. Diarrhoeal Diseases (under 5 years)	25	38	15	10	18	4	3	25	..	.	..		..
26. Appendicitis and Typhilitis	6	10	5	1	.	..	..	..	.	1	3	1	1
27. Hernia, Intestional Obstruction	19	14	10	9	2	..	..	2	..	1	4	10	2
28. Cirrhosis of Liver	10	9	7	3	..	..	1	1	.	..	1	4	4
29. Bright's Disease & Nephritis	93	119	41	52	1	1	1	3	3	4	14	34	35
30. Diseases of Women (not Cancer)	7	9	..	7	..	..	..	..	..	1	5	1	..
31. Puerperal Septicaemia	7	7	..	7	..	..	..	..		2	5	..	.
32. Other Puerperal Diseases	6	13	..	6	..	..	.		..	.	6	..	
33. Congenital Debility, and Malformations	70	70	48	22	68	1	..	69	..	..	..	..	..
34. Old Age	6	8	3	3	.	.	..						6
35. Violent Deaths	61	72	46	15	1	1	3	5	2	5	17	22	10
a. Sunstroke	..	..	..	..	..	..	..	.	.	..	.	..	..
b. Other Accidents	60	71	45	15	1	1	3	5	2	5	16	22	10
c. Homicide	1	1	1	..	..	..	..	..	.	..	1	..	..
36. Suicide	16	7	14	2	..	..	..	..		1	5	10	..
*37. All other causes.	225	220	123	102	29	5	6	40	14	12	34	65	60
38. Ill-defined causes.	2	1	1	1	1	..	..	1			1		

Deaths in Institutions,	577	Mean temperature,	35.6 deg. Fahr.
Mean barometer,	29.94	Maximum temperature,	55.0 deg. Fahr.
Mean humidity	60.6	Minimum temperature,	19.0 deg. Fahr.
Inches of rain,	1.76	Snow,	1.6

*If the deaths under one month, numbering 96, from all causes, be deducted from the total deaths under one year, the resulting rate will be 84 per 1,000 births (weekly average).

†Includes deaths from Erysipelas 5, Syphilis 10, Diabetes 22, Alcoholism 4, Locomotor Ataxia 1, Paresis 4, Arterio-sclerosis 52, all other congenital causes 17.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JANUARY 29, 1921. No. 5.

THE VALUE OF SPINAL FLUID EXAMINATION IN THE DIAGNOSIS, TREATMENT AND PROGNOSIS OF SYPHILIS.*

The medical profession is appreciating more and more the importance of lumbar puncture and a careful examination of the spinal fluid in the diagnosis and prognosis of cerebro-spinal syphilis. This is particularly true when the blood shows a negative Wassermann test, although there be a specific history. If an early diagnosis of neurosyphilis is made by spinal fluid examination and the right method of treatment instituted many cases that subsequently develop tabes or paresis could be arrested, if not cured.

Such examination of the spinal fluid is also a most valuable help in determining whether a case is cured or not, after a thorough treatment, for, very often, the blood Wassermann will be negative while the spinal fluid Wassermann will be positive. Today there are many physicians who will not discharge, as cured, a patient who has had syphilis until they obtain a negative Wassermann on the spinal fluid.

There are many physicians who think that a lumbar puncture is a very difficult operation, and one that is most painful to the patient. On the contrary it is quite a simple procedure, and causes very little discomfort to the patient, when done by one experienced in the technique. The fluid withdrawn should be subjected to a thorough examination. By a thorough examination is meant one that reports the appearance of the fluid: whether the globulin content is normal or not; whether Fehling's solution is reduced by it; the cell count (including percentage of mononuclears); the result of the Wassermann test, and the gold sol (gold chloride) curve.

Fordyce believes implicitly in lumbar puncture and spinal fluid examinations. He says they have a practical value from the standpoint of both differential diagnosis and prognosis. To quote him further, "In the absence of abnormalities in the fluid, the later development of the tabetic or paretic syndrome is not likely" He finds that the value of the spinal fluid examination is especially of moment in chronic alcoholics, because the psychical as well as the anatomic changes may simulate those of the tabetic or paretic and such cases are frequently complicated by a history of former syphilis. He quotes his experience of several chronic alcoholics who presented unequal, fixed, and irregular pupils,

*This article was prepared for the Weekly Bulletin by Dr. Henry W. Jackson, one of the bacteriologists of the Bureau of Laboratories.

Digitized by Google

with changes in the reflexes, in whom syphilitic disease of the central nervous system could only be excluded after lumbar puncture ("The Diagnostic and Prognostic Significance of Spinal Fluid Findings in Sypilis"—Medical Record, June 2nd, 1917).

Menninger (in The American Journal of Syphilis, April, 1919) reports a case of a chronic alcoholic, showing Argyll-Robertson pupils, in whom neurosyphilis could be excluded only by examination of the spinal fluid.

Neu (in the January number of the same journal) makes a plea for the early recognition of cerebro-spinal syphilis, through lumbar puncture. In the same issue, Larkin and Cornwall come to the following conclusions: "Positive serologic findings in the spinal fluid, early in a syphilitic infection, are common. They may persist, despite vigorous intravenous or other general treatment, and entirely disappear with the administration of intraspinal treatment.

"In the face of these facts the syphilitic has a just reason to demand early diagnosis and early treatment of neurologic lesions, before the destructive pathology has proceeded beyond the stage of possible resolution." Now the early diagnosis of neurosyphilis can only be made by an examination of the spinal fluid.

In an article, "The Clinical Display of Syphilis of the Nervous System" (the American Journal of Medical Sciences, 1918, Vol. CLVI, p. 377) Collins sets forth these striking facts:

(1) Syphilis of the nervous system constitutes about twenty-five per cent of the neurologist's work;

(2) Tabes and general paresis constitute about one-half the cases of syphilis of the nervous system;

(3) When syphilis invades the nervous system, the results resemble so closely those of any disease of the nervous system that expert examination is necessary to detect it, and the spinal fluid findings are most helpful in arriving at a diagnosis.

Qualls, M. C., U. S. Army (Proceedings of the Medical Association of the Isthmus Canal Zone, 1917, Vol. X, p. 60) reports a case of cerebro-spinal syphilis, the interesting points of which were a negative blood Wassermann reaction and positive findings in the spinal fluid, together with normal reflexes. The X-ray findings pointed to an organic lesion at the pylorus. The sluggish pupils and paresthesia, together with the history and gastric symptoms, suggested spinal syphilis, yet a positive diagnosis would have been untenable, without corroborative findings in the spinal fluid, which included a Wassermann test, result of two-plus (+ +) and a cell count of 95.

Vogel (Archives of Internal Medicine, 1918, Vol. XXII, p 497) emphasizes the fact that each of the different tests on the spinal fluid is of value only as a single factor in the entire examination, and that no one test alone is pathognomonic.

The colloidal gold reaction is the most sensitive indicator we have of pathological change in the spinal fluid, and the globulin reaction closely approaching it in delicacy. Uremia, neurasthenia, serous-meningitis, hemiplegia, and chronic alcoholism, may give a gold sol curve in the syphilitic zone. If the gold reaction is negative, it is highly probable that the spinal fluid Wassermann test will also be negative. An important application of the gold reaction is to the recognition of the early stages of cerebro-spinal syphilis; and its routine employment in all syphilitics is to be recommended as an aid in the prophylaxis of the para-syphilitic diseases.

Cornaz, "The Cerebro-spinal Fluid in the Different Stages of Syphilis" (Correspondenz-Blatt fur Schweizer Aerzte, 1918, Vol. XLVIII, p. 1584) seeks to impress upon the casual reader the importance of lumbar puncture in early syphilis.

Digitized by Google

He thinks that, once localized in the central nervous system, syphilis tends to persist therein, whence the necessity of testing the cerebro-spinal fluid at intervals by every means available. He also states that, in several hundred punctures, he has never seen a single untoward result.

Thrasher in "Some Observations in Neuosyphilis" (Mississippi Valley Medical Journal, 1919, Vol. XXVI, p. 46) states that the biggest factor in the successful handling of neurosyphilis is early diagnosis and early treatment. Paresis would be a rarity, provided the diagnosis of the invasion of the central nervous system were made early. The majority of invasions of the central nervous system occur just prior to, or early in, the secondary stage of syphilis. Spinal puncture, with complete examination of the spinal fluid, should be made as early as possible in every case of syphilis. Cases dismissed as cured should be kept under observation and examination for several years.

Jeans (American Journal of Diseases of Children, September, 1919) found, from a review of the literature, that practically one-third of all patients in the early stages of acquired syphilis, and an equal number in the later stages, showed conspicuous changes in the cerebro-spinal fluid, which changes strongly indicated invasion of the central nervous system. He has observed marked changes in the cerebro-spinal fluid, including a positive Wassermann reaction, in practically one-third of 214 infants and children with hereditary syphilis.

The evidence of the authorities quoted shows very clearly the importance of a lumbar puncture in all cases of syphilis. If the spinal fluid should prove negative to all the tests, the patient can be reasonably assured that he will not develop neurosyphilis.

In some instances, the spinal fluid will give positive tests for syphilis years before any clinical signs of involvement of the central nervous system occur, showing that a pathological process is at work which, later, will develop into tabes or general paresis; and it is in just such cases that we hope to do the most good by an early diagnosis, through examination of the spinal fluid, and institution of proper treatment.

All syphilitics should have a lumbar puncture done during the secondary stage, and before they are discharged as cured, and, perhaps, once or twice during the first two or three years after they are discharged.

FORMER FATALITY OF SMALLPOX.

"We who live amid the personal safety that vaccination against smallpox has brought are likely to fail to realize its blessings. It is true that now and then, as recently occurred in California, intelligent, public spirited citizens, following the leadership of the medical profession, are compelled to come to the defense of vaccination as a public health measure against the bigotry of misdirected effort. In general, however, the institution of vaccination no longer needs a champion. If smallpox were permitted to become a pandemic raging over the entire world, as it certainly would if the disease were not held in check by compulsory vaccination, it would still the fears, as Councilman once naively remarked, of those who dread an excess of population. The expected mortality from smallpox can be computed with reasonable approximation on the basis of available data. The probable morbidity is not so easily estimated. The statistics of smallpox are like those of the incidence of starvation. A student of the subject humorously remarked that in countries in which smallpox and famine occur there are no statistics; in places where statistics are found, smallpox and famine are missing. However, Kisskalt and Stoppenbrink of Kiel have succeeded in collecting data of the occurrence of disease in the city of Koenigsberg from 1773 to 1803, before the days of vaccination. Although the individual years showed great

Digitized by Google

differences in the number of cases of smallpox, freedom from its presence was never attained. The danger to the patient was in general greatest during the second year of life. The astounding outcome of the statistical investigation is that out of every hundred children born during those eventful years, an average of eleven (and sometimes as many as fifteen) were destined to die of smallpox before they reached their tenth birthday. We recommend these facts to those cults and persons who still dare to threaten a return to comparable conditions of the neglect of public health."—*J. A. M. A.*, Jan. 8, '21.)

THE VACCINATION CAMPAIGN.

During the month of December, vaccinations were performed in the greater city, by the medical inspectors of the Department of Health, in accordance with the tables given below. The combined total, resulting from the work of the two bureaus involved, equals 6,936, as contrasted with 9,646 effected during November by the same agencies.

Vaccinations During December.

Bureau of Preventable Diseases.

	Manhattan. Special Centers.	Manhattan. T.B.C. Clinics.	Bronx. Special Centers.	Brooklyn. Special Centers.	Brooklyn. T.B.C Clinic.	Queens. Special Centers.	Queens. T.B.C Clinic.	Richmond. Special Centers.	Special Centers.	City. T.B.C. Clinic
Centers	2	7	1	1	5	1	4	1	6	16
No. of inspectors	12	15	3	11	5	3	4	1	80	24
No. of vaccinations 3900		100	739	897	16	27	31	172	5735	147
No. of primary vaccinations 1729		63	434	632	12	22	27	153	2970	102
No. of re-vaccinations 2171		37	305	265	4	5	4	19	2765	45
No. of vaccinations inspected .	0	394	30	0	92	3	51	3	86	537
No. of certificates issued	0	389	30	0	90	2	51	3	85	530

Bureau of Child Hygiene.

	Manhattan.	Bronx.	Brooklyn.	Queens.	Rich.-mond.	City.
No. of Daily Centers	10	3	8	7	1	29
Total No. of Inspectors	9	4	10	3	1	27
Total No. of Vaccinations Performed	448	86	489	17	14	1054
Total No. Primary Vaccinations	266	73	476	17	13	845
Total No. Re-vaccinations	182	13	13	..	1	209
Total No. Vaccinations Inspected	505	135	871	31	19	1561
Total No. Certificates Issued	459	130	871	31	19	1510

U. S. PUBLIC HEALTH SERVICE INVESTIGATES DRINKING WATER USED ON TRAINS AND STEAMBOATS.

Within the last twelve months the danger to railway travellers of infection with typhoid fever, dysentery, and other water-borne diseases has been reduced to a minimum throughout the greater part of the country by the co-operation of the U. S. Public Health Service with the different state boards of health in the testing of water used on railway trains for drinking and cooking. And, within the next few months, similar protection will be afforded to passengers on river and lake steamers and to ocean steamships sailing from American ports. This will tend to end the severe outbreaks of typhoid fever that have from time to time

Digitized by Google

been traced to ships (especially to excursion boats) as well as to the probably more numerous but far less easily traced illnesses of railway travellers from similar pollution.

"The work," said Surgeon General Cumming, of the U. S. Public Health Service, "was really begun in June of last year, when at the convention of the State and Territorial Health Officers, in session at Washington, D. C., a plan was decided upon whereby the Service was to co-operate with the States in reducing typhoid fever either by sending them sanitary engineers to investigate their water supplies or by helping them to organize State divisions of sanitary engineering to look after the work."

"Work has since been done in nearly half the States of the Union, in many of which sanitary divisions were lacking. In nearly all of these such bodies have been or are now being organized; and in about half of them surveys have been made of many or all important water supplies, most of which have been found safe for use on trains. Periodic inspection is, however, of course necessary."

"In carrying out this work the Public Health Service has grouped the States east of the Mississippi River, into four districts and it will group those west of the Mississippi into five other districts as soon as may be practicable. Each district will be provided with a sanitary engineer from the Service, who will render aid to the State sanitary officers in his group when requested.

"In the Great Lakes Division," resumed Dr. Cumming, "the work is a little different, for at present it has to do with the investigation of the sources and the handling of water supplies for vessels on the lakes. It is believed that the information obtained will permit us to frame regulations to govern the water supply of all vessels on American lakes and rivers or sailing from American sea ports."

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 22, 1921.

There were 1,364 deaths and a rate of 11.34 during the week just closed as compared (1920) with 1,949 deaths and a r te of 16.56 per one thousand of the population—a decrease in the absolute number of deaths of 585 and in the rate of 5.22 points, which is equivalent to a relative decrease of 628 deaths. There were only 2 deaths reported from measles as compared with 34 in the corresponding week of 1920. Scarlet fever showed an increased mortality, there having been 17 deaths reported therefrom as compared with 2; 24 deaths were reported from diphtheria as compared with 26; 3 deaths from whooping cough as compared with 9. There were 309 deaths reported from organic heart and kidney diseases, as compared with 442. The pneumonias showed a decreased mortality, there having been 192 deaths reported during the week as compared with 403 deaths for the corresponding week of 1920. There were 100 deaths reported from pulmonary tuberculosis as compared with 121. Deaths of children under one year showed a decreased mortality, there having been 213 as compared with 276. Between one and five years 101 deaths as compared with 160. At ages 65 years and over 298 deaths were reported as compared with 422. The death rate for the first four weeks of 1921 was 11.54 as compared with 13.47 for the corresponding week of 1920. From January 1st to date 75 children out of every one thousand born died under one year of age, as compared with 85 for the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BURNS.—Welsh, G. A. Acid burns and their treatment. (J. Ind. Hyg., Dec., 1920. pp. 267-273, tables.)

CHILDREN, CARE AND HYGIENE.—Holt, L. E., and H. L. Fales. The food requirements of children. 1. Total caloric requirements. (Am. J. Dis. Child., Jan., 1921. pp. 1-28, tables.)

DELINQUENCY.—Fernald, M. R., and others. A study of women delinquents in New York State. 1920. 542 pp. 364F39

DRUG ADDICTION.—Blair, T. S. Present and contemplated antinarcotic legislation. (N. Y. Med. J., Jan. 8, 1921. pp. 51-54.)

DRUG ADDICTION.—Greenfield, Arthur. The narcotic drug problem. (N. Y. City, Health Dept. of, Monthly Bull., Dec., 1920. pp. 273-281.)

HEALTH.—Emerson, Haven. The health diagnosis of a community [Cleveland]. (Survey, Jan. 8, 1921. pp. 533-534, illus.)

INSURANCE, HEALTH.—Chamberlain, J. P. In new-old York. How the people of a typical British city manage their health insurance system for which the Western metropolis has, as yet, no counterpart. (Survey, Jan. 1, 1920. pp. 489-491.)

PLAGUE.—Balfour, M. C. The prevention of plague and of the economic loss caused by rats. (Internat. J. Pub. Health, Nov., 1920. pp. 384-491.)

POSTURE.—Taylor, H. L. The American Posture League; its history, work and future. Mod. Med., Dec., 1920. pp. 777-779, illus.)

PUBLIC HEALTH.—Park, W. H., ed. Public health and hygiene, in contributions by eminent authorities. 1920. 884 pp. illus. 614P21

SCHOOL HYGIENE.—Daukes, S. H. The health factor in education. (The Child, Nov., 1920. pp. 33-45.)

SCHOOLS.—Clark, R. S. The continuation school. (Survey, Jan. 8, 1921. pp. 541-542, chart.)

TUBERCULOSIS.—Hubert, F. Organization of the fight against tuberculosis in large communities. (Internat. J. Pub. Health, Nov., 1920. pp. 371-383.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Oct. 30	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan. 22
Total deaths	1082	1114	1128	1166	1232	1280	1144	1268	1208	1386	1409	1396	1364
Annual Death Rate	9.19	9 46	9.58	9.91	10.47	10.87	9.72	10.77	10.26	11.52	11.71	11.60	11 34
*Acute Infectious Diseases	27	22	32	41	34	53	44	54	41	59	47	54	50
Pul. Tuberculosis..	98	104	83	97	114	100	86	125	93	99	119	101	100
Influenza.....	6	4	5	5	5	8	9	11	3	18	9	15	18
Lobar Pneumonia..	44	52	32	65	70	81	64	90	81	110	146	118	107
Broncho Pneum...	46	48	60	60	59	70	56	62	61	75	80	83	85
**Violent Deaths ...	80	75	82	97	82	78	66	76	78	88	97	61	90
Deaths under 1 year..	166	167	167	154	168	187	160	163	202	186	184	183	218
Rates per 1,000 births	64.8	61 4	65.4	60.5	65.2	73 5	62 9	64 1	79.5	73.5	72.5	72 0	83 9
Deaths under 5 years	240	215	237	229	248	270	221	247	277	287	281	280	314
" 5-65 years....	602	633	625	654	690	709	659	749	649	755	789	790	752
" 65 years and over	240	266	266	283	294	301	264	272	282	344	339	326	296

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	318	285	302	262	149	261	265	218	218	193	271	171	190
Diphtheria	288	264	361	381	377	373	449	408	322	416	5'3	479	430
Measles	48	40	39	62	39	55	84	65	48	74	86	99	88
Scarlet Fever	92	105	138	176	196	214	273	292	255	312	497	522	536
Chickenpox	93	78	86	112	147	180	213	209	104	199	278	324	242
Influenza	28	17	28	22	85	61	43	67	29	64	134	78	84
Pneumonias	160	158	216	269	294	356	376	306	285	261	510	341	335
Typhoid Fever	27	30	24	28	14	22	24	12	9	1	11	8	8
Whooping Cough ...	64	59	59	56	86	79	70	74	88	53	95	89	91
Syphilis	474	424	397	358	306	448	256	331	286	183	416	327	290
Gonorrhoea	84	56	75	45	49	67	95	68	65	63	64	49	71
Poliomyelitis	9	10	18	3	2	3		2	1			1	1
Cerebro-spinal Meningitis	4	2	6	5	6	5	6	3	5	3	4	9	7
Total.....	1684	1503	1744	1779	1700	2114	2256	2055	1717	1837	2879	2507	2523

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, January 22, 1921.

Boroughs	Population U.S. Census April 15, 1910.	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,331,542	2,877,993	923	629	617	1048	1088	67	17.02	11.40	11.19
The Bronx	430,980	692,572	244	162	156	292	83	16	19.02	23.40	22.53
Brooklyn	1,634,351	2,165,277	591	448	460	890	282	38	14.56	10.79	11.08
Queens	284,041	432,776	139	93	105	177	177	11	17.29	11.21	12.66
Richmond.....	85,969	107,478	52	32	26	89	8	4	25.70	15.54	12.62
City of New York.	4,766,888	6,276,096	1949	1364	1364	2441	1638	136	16.56	11.84	

*Corrected by redistributing deaths according to borough of residence.

During the first four weeks of this year there were 5,555 deaths, a rate of 11.54 per 1,000 population. During the corresponding weeks of last year there were 6,345 deaths, a rate of 13.47 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	21	43	1	3	3	42	46	9	8	9	2	37	104	148	351	130
The Bronx	3	24	1	1	..	17	10	3	2	..	1	12	18	26	108	28
Brooklyn	17	21	..	6	2	39	24	14	14	..	2	30	77	118	228	107
Queens	5	5	..	2	..	7	5	1	1	2	..	4	13	21	51	21
Richmond	..	7	..	..	..	2	..	..	..	..	..	2	1	1	19	12
Total	46	100	2	12	5	107	85	27	25	11	5	85	213	314	752	298

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	101	98.1	7	6.4	2	5	143	25.7	8	1.4	16	2.8
The Bronx	20	71.1	2	7.1	..	2	29	22.0	2	1.5	2	1.5
Brooklyn	75	80.0	8	8.5	3	5	116	25.0	14	3.0	14	3.0
Queens	16	88.7	1	5.5	..	1	25	26.9	1	1.1	3	3.3
Richmond	1	18.6	..	..	..	..	1	4.7	..	..	..	..
City of New York.	213	83.9	18	7.1	5	13	314	24.8	25	2.0	35	2.8

During the first four weeks of this year 766 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 864 died, a rate of 85. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis		
	Scarlet Fever.	Diphtheria.	Measles	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria	Measles	Miscellaneous	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Avenue	Sanator. Otisville	Grand Total.
Rem'g 1-5-21..	134	130	20	44	82	88	4	31	16	8	1	2	..	..	..	..	19	557	1131
Admitted	40	52	4	25	31	30	..	7	5	4	..	2	..	..	..	..	4	19	223
Discharged ..	29	39	4	17	12	28	3	5	5	1	..	1	..	..	..	..	2	9	155
Died	5	4	2	3	1	9	..	1	..	..	..	2	..	..	..	..	..	5	32
Rem'g 1-12-21.	140	139	18	49	100	81	1	32	16	6	1	1				..	21	562	1167
Total treated	174	182	24	69	118	118	4	38	21	7	1	4	..				23	576	1354

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5	Under 5 Years	5 15.	15 25.	25-45.	45-65.	65 and Over.
All causes	1,364	1,949	761	603	218	89	62	314	52	77	235	388	299
1. Typhoid Fever	2	..	2	..	..	..	..	..	..	1	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	34	1	1	..	1	..	1	1	..	..	..	..
6. Scarlet Fever	17	2	8	9	1	5	8	14	3	..	.	..	..
7. Whooping Cough	3	9	1	2	1	2	..	3	.		.		
8. Diphtheria	24	26	11	13	1	3	13	17	5	..	1	..	1
9. Influenza	12	116	4	8	2	1	1	4	1		2	4	1
Poliomyelitis	1	..	1	..	1			1	..	..		..	..
12. Other Epidemic Diseases	5	4	3	2	3	1	..	4		..	1	..	
13. Pulmonary Tuberculosis	100	121	58	42	1	2	2	5	1	24	47	18	5
14. Tbc. Meningitis	7	15	3	4	3	..	1	4		1	2	..	
15. Other forms Tbc.	10	7	6	4	..	.		..	1	2	6	1	..
16. Cancer, Malignant Tumor	114	125	54	60	..	..	..	..	..	1	12	70	31
17. Simple Meningitis . Of which	2	9	2	..	2	..	..	2	..	..	..	..	
17a. Cerebro-spinal Meningitis	2	2	2	..	1	..	1	2	..	..	..	..	..
18. Apoplexy, Softening of the Brain	24	17	12	12	1	.		1	..	..	4	12	7
19. Organic Heart Diseases	230	300	129	101	..	2	1	3	4	7	15	91	110
20. Acute Bronchitis	5	24	4	1	4	..	1	5	..	..	..		..
21. Chronic Bronchitis	2	6	1	1		..	..	..		..	1	1	..
22. Lobar Pneumonia	107	240	60	47	9	5	4	18	1	6	24	38	25
22a. Broncho Pneumonia	85	168	50	35	40	9	11	60	3	..	3	8	11
23. Other Respiratory Diseases	14	14	7	7	1	.	..	1	1	..	1	4	7
24. Diseases of the Stomach (Cancer excepted	8	9	7	1	1	..	..	1	..	..	4	2	1
25. Diarrhoeal Diseases (under 5 years)	26	38	15	10	18	4	3	25	..	..	..	.	..
26. Appendicitis and Typhilitis	19	14	13	6	.	..	1	1	3	6	3	6	..
27. Hernia, Intestional Obstruction	16	19	7	9	3	..	..	3	..	.	4	3	6
28. Cirrhosis of Liver	11	9	9	2	..	..	..	..	..	..	2	6	3
29. Bright's Disease & Nephritis	61	132	30	31	..	..	..	..	2	..	8	31	20
30. Diseases of Women (not Cancer)	9	11	..	9	..	..	..	..	..	1	6	2	..
31. Puerperal Septicaemia	5	2	..	5	..	..	..	..		4	1	..	..
32. Other Puerperal Diseases	16	11	..	16	..	..	..	..	..	5	11	..	..
33. Congenital Debility, and Malformations	93	95	60	33	91	1	1	93	..	..	..	..	..
34. Old Age	4	11	2	2	..	..	..	..	..		.		4
35. Violent Deaths	90	85	58	32	..	1	3	9	16	5	25	23	12
a. Sunstroke	..	..	..	..	..	..	..	.	.	..	..	..	..
b. Other Accidents	85	84	55	30	..	1	3	9	16	5	21	22	12
c. Homicide	5	1	3	2		..	..	..	..		4	1	..
36. Suicide	11	11	7	4						1	6	4	..
*37. All other causes.	226	264	132	94	29	2	6	37	10	13	43	69	54
38. Ill-defined causes.	2	6	2		..						2		

Deaths in Institutions,	596	Mean temperature,	29.4 deg. Fahr.
Mean barometer,	30.21	Maximum temperature,	55.0 deg. Fahr.
Mean humidity,	57.0	Minimum temperature,	4.0 deg. Fahr.
Inches of rain,	.03	Snow,	Trace

*If the deaths under one month, numbering 103, from all causes, be deducted from the total deaths under one year, the resulting rate will be 43 per 1,000 births (weekly average).

†Includes deaths from Erysipelas 1, Syphilis 9, Diabetes 23, Alcoholism 4, Locomotor Ataxia 1, Paresis 8, Arterio-sclerosis 54, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. FEBRUARY 5, 1921. No. 6.

REVISED INTERNATIONAL CLASSIFICATION OF CAUSES OF DEATH AND SICKNESS.

The attached list, as the final revised report of the delegate of the Department of Health of the City of New York, at the International Congress for the Revision of the Classification of the Causes of Death and Sickness has been submitted to the Board of Health for its adoption.

The delegate of the Department of Health, and the other American delegates, succeeded in having many of their recommendations adopted by the Congress. Each cause of death was fully discussed in the Congress, and provision made for a betterment of the present international classification in use.

There were forty delegates present, representing practically every country in the civilized world, and the results obtained are the concensus of opinion of all these delegates who concurred in adopting the list as now printed.

The most important of the American recommendations received and accepted affected acute poliomyelitis, encephalitis lethargica and epidemic cerebro-spinal meningitis. These diseases were taken out of inconspicuous assignments under sub-divisions and given specific titles and number, so that they appear as disease entities in the revised classification.

The use of the term syphilis was made more specific, with the end of accurately determining the mortality from this cause as a whole.

The diseases caused by protozoa were also given definite titles, with specific sub-divisions.

Many improvements were also made in regard to inclusions under the existing titles of the present classification. On the whole, the Congress accomplished much that will render the revised classification superior to the last.

It must be borne in mind that the International Classification is, and may be, used for classifying not only causes of death, but causes of sickness.

International List of Causes of Death, as Adopted at the Third International Congress for the Revision of the Classification of Causes of Death, Held at Paris, October, 1920.

I. Endemic or Infectious Diseases.

1 Typhoid fever (abdominal typhoid and paratyphoid)
  0. Typhoid fever
  1. Paratyphoid fevers
2 Typhus fever (exanthematous)
3 Relapsing fever (spirillum obermeieri)
4 Melito—coccosis (Malta fever)
5 Malarial fever or cachexia
  0. Malarial fever
  1. Malarial cachexia
6 Smallpox
7 Measles
8 Scarlet fever
9 Whooping cough

Digitized by Google

10 Diphtheria
11 Influenza
Complications:
0. Pneumonia
1. Bronchitis
2. Heart diseases
3. Nephritis
4. Meningitis
5. Gastro intestinal
6. Puerperal
7. Others
12 Miliary fever
13 Mumps
14 Asiatic cholera
15 Cholera nostras (choleriform enteritis)
16 Dysentery
0. Amebic
1. Bacillary
2. Unspecified or due to other causes
17 Plague
0. Bubonic
1. Pneumonic
2. Septicemic
3. Unspecified
18 Yellow fever
19 Ictero-hemorrhagica spirochetosis
20 Leprosy
21 Erysipelas
22 Acute poliomyelitis
23 Encephalitis lethargica
24 Epidemic cerebro-spinal meningitis
25 Other epidemic diseases
0. Varicella
1. Rubella
2. Others
26 Purulent or septicemic infection
27 Glanders and farcy
28 Malignant pustule (anthrax)
29 Rabies
30 Tetanus
31 Mycoses
32 Tuberculosis of the respiratory system
0. Acute pulmonary tuberculosis
1. Other forms of tuberculosis of respiratory organs
33 Tuberculosis of the meninges or of the central nervous system
34 Tuberculosis of the intestines or peritoneum
35 Tuberculosis of the vertebral column
36 Tuberculosis of the joints
37 Tuberculosis of other organs and structures
0. Tuberculosis of the skin or subcutaneous cellular tissue
1. Tuberculosis of the bones (except vertebral column)
2. Tuberculosis of the lymphatic system (except the mesenteric and retroperitoneal glands)
3. Tuberculosis of the genito-urinary system
4. Tuberculosis of other organs
38 Disseminated tuberculosis
0. Acute (including miliary tuberculosis of the lungs, except that specified as chronic or pulmonary)
1. Chronic
*39 Syphilis (includes syphilic infection of any organ, tissue or structure of the body)
0. Primary
1. Secondary
2. Tertiary
3. Hereditary
4. Period not specified
40 Soft chancre (used for morbidity statistics only)
41 Gonococcal infection except that of the eye or adnexa
42 Gonococcal ophthalmia

II General Diseases Not Included Above.

43 Cancer or other malignant tumors of the buccal cavity
0. Cancer of the lip
1. Cancer of the tongue
2. Cancer of the mouth
3. Cancer of the jaw
4. Others
44 Cancer or other malignant tumors of the stomach and liver
0. Cancer of the pharynx
1. Cancer of the esophagus
2. Cancer of the stomach
3. Cancer of the liver and gall bladder
45 Cancer or other malignant tumors of the peritoneum, intestines and rectum
0. Cancer of the mesentery and peritoneum
1. Cancer of the intestines (except rectum)
2. Cancer of the rectum and anus
3. Others
46. Cancer or other malignant tumors of the female genital organs
0. Cancer of the ovary and fallopian tubes
1. Cancer of the uterus
2. Cancer of the vagina and vulva
3. Others
47 Cancer or other malignant tumors of the breast
48 Cancer or other malignant tumors of the skin
49 Cancer or other malignant tumors of other or unspecified organs
0. Cancer of the larynx
1. Cancer of the lung and pleura
2. Cancer of the pancreas
3. Cancer of the kidneys and suprarenals
4. Cancer of the prostate
5. Cancer of the bladder
6. Cancer of the brain
7. Cancer of the bones (except jaw)
8. Cancer of the testes
9. Others
50 Benign tumors and tumors not returned as malignant (except benign or non-specified tumors of the ovary and uterus—136, 138)
0. Tumor of brain
1. Tumor of thorax
2. Tumor of abdomen
3. Tumor of bladder
4. Tumor of prostate
5. Tumor of other location
51 Acute febrile articular rheumatism
52 Chronic rheumatism or gout
0. Chronic rheumatism
1. Chronic gout
53 Scurvy
54 Pellagra
55 Beri-beri
56 Rickets
57 Diabetes
58 Anemia, Chlorosis
0. Pernicious anemia
1. Other anemias and chlorosis
59 Diseases of the pituitary gland
60 Diseases of the thyroid gland
0. Exophthalmic goitre
1. Other diseases of the thyroid gland
61 Diseases of the parathyroid glands
62 Diseases of the thymus
63 Addison's disease (disease of the adrenals)
64 Diseases of the spleen
65 Leukemia and Hodgkin's disease
0. Leukemia
1. Hodgkin's disease
66 Alcoholism (acute or chronic)
67 Chronic poisoning by mineral substances
0. Chronic lead poisoning
1. Others

*N. B.—As the concensus of present medical opinion affirms that progressive locomotor ataxia (72), general paralysis (76) and aneurism (90) are of syphilitic origin, attention should be directed to this affirmation in issuance of mortality statistics from this cause.

Digitized by Google

68 Chronic poisoning by organic substances
69 Other general diseases
0. Acidosis
1. Amyloid degenerations
2. Autointoxications
3. Hemophilia
4. Purpura hemorrhagica
5. Others

III. Diseases of the Nervous System and Organs of Special Sense.

70 Encephalitis
71 Meningitis
0. Simple
1. Non-epidemic cerebro-spinal meningitis
72 Progressive locomotor ataxia (tabes dorsalis)
73 Other diseases of the spinal cord
0. Bulbar paralysis (Duchenne's disease)
1. Paralysis agitans (Parkinson's disease)
2. Acute ascending spinal paralysis (Landry's disease)
3. Myelitis
4. Others
74 Cerebral hemorrhage, apoplexy
0. Cerebral hemorrhage
1. Cerebral thrombosis and embolism
75 Paralysis (without specified cause)
0. Hemiplegia
1. Other forms of paralysis
76 General paralysis (of the insane)
77 Other forms of mental alienation
78 Epilepsy
79 Convulsions (non-puerperal) (5 years and over)
80 Infantile convulsions (under five years of age)
81 Chorea
0. Chorea
1. Hysteria and neuralgia
2. Neuritis
82 Softening of the brain
83 Other diseases of the nervous system
84 Diseases of the organs of vision and adnexa except gonococcal infection, No. 42
0. Diseases of the eye (except tumor)
1. Follicular conjunctivitis
2. Trachoma
3. Tumors of the eye
4. Other diseases of the eye or its adnexa
85 Diseases of the organs of hearing and the mastoid process
0. Diseases of the ear
1. Diseases of the mastoid process

IV. Diseases of the Circulatory System.

86 Pericarditis
87 Acute endocarditis and myocarditis
0. Acute endocarditis
1. Acute myocarditis
88 Angina pectoris
89 Other diseases of the heart
0. Chronic endocarditis
1. Chronic myocarditis
2. Other chronic diseases of the heart
90 Aneurism
91 Atheroma and other diseases of the arteries
92 Embolism and thrombosis (except cerebral)
93 Diseases of the veins (varices, hemorrhoids, phlebitis, etc.)
94 Diseases of the lymphatic system (lymphangitis, etc.)
95 Hemorrhage without determined cause; other diseases of the circulatory system.

V. Diseases of the Respiratory System.

96 Diseases of the nasal fossae and their adnexa
0. Diseases of the nasal fossae
1. Others
97 Diseases of the larynx (except tuberculosis and cancer)
98 Bronchitis
0. Acute
1. Chronic
2. Not otherwise defined under 5 years of age
3. Not otherwise defined, 5 years and over
99 Broncho pneumonia (including capillary bronchitis)
0. Broncho pneumonia
1. Capillary bronchitis
100 Pneumonia
0. Lobar
1. Not otherwise specified
101 Pleurisy
0. Pleurisy
1. Empyema or thoracic cavity
102 Congestion or parenchymatous hemorrhage of the lung
103 Gangrene of the lung
104 Asthma
105 Emphysema of the lung
106 Other diseases of the respiratory system (tuberculosis excepted)
0. Chronic interstitial pneumonia (including occupational diseases of the lung)
1. Diseases of the mediastinum
2. Others

VI. Diseases of the Digestive System.

107 Diseases of the mouth and adnexa
0. Diseases of the teeth and gums
1. Other diseases of the buccal cavity and adnexa
108 Diseases of the pharynx and tonsils (includes adenoids)
0. Streptoccic sore throat
1. Ludwig's angina
2. Tonsilitis
3. Adenoids
4. Others
109 Diseases of the esophagus
110 Ulcer of the stomach and duodenum
0. Ulcer of the stomach
1. Ulcer of the duodenum
111 Other diseases of the stomach (cancer excepted)
0. Indigestion
1. Gastritis
2. Stricture or stenosis of pylorus
3. Others
112 Diarrhea and enteritis (under 2 years of age)
113 Diarrhea and enteritis (2 years and over)
114 Ankylostomiasis
115 Diseases due to other intestinal parasites
0. Cestodes (hydatids of the liver excepted)
1. Trematodes
2. Nematodes (other than ankylostoma)
3. Coccidia
4. Other parasites
5. Parasites not specified
116 Appendicitis and typhlitis
117 Hernia, intestinal obstruction
0. Hernia
1. Intestinal obstruction
118 Other diseases of the intestines
0. Diseases of the anus and stercoral fistulae
1. Other diseases of the intestines
119 Acute yellow atrophy of the liver
120 Hydatid tumor of the liver
121 Cirrhosis of the liver
0. Returned as alcoholic
1. Not returned as alcoholic
122 Biliary calculi
123 Other diseases of the liver
124 Diseases of the pancreas except cancer
125 Peritonitis of unstated cause
126 Other diseases of the digestive system (cancer and tuberculosis excepted)

Digitized by Google

VII. Non-Venereal Diseases of the Genito-Urinary System and its Adnexa.

127 Acute nephritis (including unspecified under 10 years of age)
128 Chronic nephritis (including unspecified over 10 years of age)
129 Chyluria
130 Other diseases of the kidneys and their adnexa (diseases of the kidney in pregnancy excluded)
131 Calculi of the urinary passages
132 Diseases of the bladder (except tumors)
133 Diseases of the urethra, urinary abscess, etc.
  0. Stricture of the urethra
  1. Others
134 Diseases of the prostate (except tumors)
135 Non-venereal diseases of the male genital organs
136 Cysts and other benign tumors of the ovary
137 Salpingitis or pelvic abscess
138 Benign tumors of the uterus
139 Non-puerperal uterine hemorrhage
140 Metritis
141 Other diseases of the female genital organs
142 Non-puerperal diseases of the breast (cancer excepted)

VIII. The Puerperal State.

143 Accidents of pregnancy
  0. Abortion
  1. Ectopic gestation
  2. Other accidents of pregnancy
144 Puerperal hemorrhage
145 Other accidents of childbirth
  0. Cesarian section
  1. Other surgical operations and instrumental delivery
  2. Others
146 Puerperal septicemia
147 Phlegmasia alba dolens, puerperal embolism or sudden puerperal death
148 Puerperal albuminuria or convulsions
149 Childbirth (without other explanation)
150 Puerperal diseases of the breast

IX. Diseases of the Skin or Cellular Tissue.

151 Gangrene
152 Boil, carbuncle, furuncle
153 Phlegmon, acute abscess
154a Tinea and alopecia (morbidity only)
154b Pruritis (morbidity only)
155 Other diseases of the skin and its adnexa

X. Diseases of the Bones and Organs of Locomotion.

156 Diseases of the bones (tuberculosis excepted)
157 Diseases of the joints (tuberculosis and rheumatism excepted)
158 Other diseases of the bones or organs of locomotion

XI. Malformations.

159 Congenital malformations (still-births excepted)
  0. Hydrocephalus
  1. Malformations of heart
  2. Others

XII. Diseases of Early Infancy.

160 Congenital debility, icterus and sclerema
  0. Marasmus
  1. Inanition
  2. Icterus
  3. Sclerema
  4. Others
161 Premature birth, or consequence of labor
  0. Premature birth
  1. injury at birth
162 Other diseases peculiar to early infancy
  0. Asphyxia neonatorum
  1. Atalectasis
  2. Umbilical infection
  3. Umbilical hemorrhage
  4. Others
163 Lack of care

XIII. Old Age.

164 Old age (senility)

XIV. External Causes.

165 Suicide by solid or liquid poisons (corrosive substances excepted)
  0. Opium, morphine
  1. Strychnine
  2. Chloroform (ether)
  3. Others
166 Suicide by corrosive substances
  0. Arsenic (paris green)
  1. Bichloride of mercury
  2. Carbolic acid
  3. Cyanides (prussic acid)
  4. Oxalic acid
  5. Muriatic acid (hydrochloric acid)
  6. Other corrosive poisons
167 Suicide by poisonous gas
  0. Illuminating gas
  1. Chloroform
  2. Coal gas
  3. Others
168 Suicide by hanging or strangulation
169 Suicide by drowning
  0. Rivers, etc.
  1. Others
170 Suicide by firearms
171 Suicide by cutting or piercing instruments
172 Suicide by jumping from high places
173 Suicide by crushing
174 Other suicides
175 Poisoning by food
  0. Mushrooms
  1. Shell fish
  2. Pork sausages
  3. Others
176 Poisoning by venomous animals
177 Other acute accidental poisonings (gases excepted)
  0. Ethyl alcohol
  1. Bichloride of mercury
  2. Carbolic acid
  3. Cocaine
  4. Lysol
  5. Opium (morphine)
  6. Wood alcohol
  7. Others
  8. Not specified or unknown
178 Conflagration
179 Accidental burns and scalds (conflagration excepted)
  0. Stoves
  1. Lamps
  2. Steam
  3. Hot fluids
  4. Matches
  5. Bonfires.
  6. Others
  7. Unknown
180 Accidental mechanical suffocation
  0. Foreign body in larynx
  1. Overlying
  2. Others
181 Accidental absorption of irrespirable or poisonous gas
  0. Illuminating gas
  1. Chloroform or ether
  2. Coal gas
  3. Ammonia fumes

Digitized by Google

4. Sewer gas
5. Other gases
6. Unknown

182 Accidental drowning
0. Rivers, ponds, etc.
1. Others

183 Accidental injury by firearms (wounds of war excepted)

184 Accidental injury by cutting or piercing instruments

185 Accidental injury by falls
0. Down shafts, hatchways, holds of vessels
1. Down stairs
2. From buildings
3. From fire-escapes
4. From scaffolds
5. From windows
6. From vehicles
7. On streets, sidewalks, etc.
8. Other falls

186 Accidental traumatism in mines and quarries
0. In mines
1. In quarries

187 Accidental traumatism by machines
0. Deaths by machinery
1. Deaths by elevators

188 Accidental traumatism by other crushing (vehicles, railways, landslides, etc.)
0. Run over by wagons, trucks, etc.
1. Run over by automobiles
2. Run over by other vehicles
3. Run over by electric surface cars
4. Run over by steam railroad cars
5. Run over by elevated railroad cars
6. Run over by subway cars
7. Crushed by falling bodies
8. Crushed by derricks, stones, etc.
9. Other causes

189 Injuries by animals (not poisoning)
190 Wounds received in war
191 Execution of civilians by belligerent armies
192a Excessive labor
192b Starvation (deprivation of food or water)
193 Excessive cold
194 Excessive heat
195 Lightning
196 Other accidental electric shocks
197 Homicide by firearms
198 Homicide by cutting or piercing instruments
199 Homicide by other means
*200 Infanticide (murder of infants less than 1 year of age)
201 Fracture (cause not specified)
0. Dislocations
1. Sprains
2. Fractures (cause unspecified)
202 Other external violence
0. Criminal abortion
1. Explosions
2. Salvarsan injection
3. Other medicaments (injection)
4. Other external violence
203 Violent deaths of which the cause is unknown

XV. Ill-Defined Diseases.

204 Sudden death
205 Cause of death not specified or ill-defined
0. Ill-defined or not specified
1. No disease; malingering
2. Surgical operation

*Title 200 to be omitted when homicides are shown by ages under titles 197-199.

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 29, 1921.

The striking contrast between the death rate of 13.51 per one thousand of the population, as occurred last week and one of 25.81, as recorded in the corresponding week of 1920, points to the presence of the epidemic in the latter week. In the week of January 31st, 1920, there were 557 deaths reported from influenza and 751 deaths from the pneumonias, a total of 1,308 deaths from these two causes, as compared with 10 deaths from influenza and 193 deaths from the pneumonias during the week just closed, a total of 203 deaths. It is probable that the exceedingly low mortality from these two causes, as shown in the figures of the past week will not continue during the remainder of the winter and the beginning of the spring, as following out its behavior of the past the influenza bacillus and its industrious aider and abettor in causing mortality—the pneumococcus—will increase the mortality during the latter end of February and March. With each succeeding year the type of influenza will grow milder and milder during this generation. It undoubtedly will re-appear again with all the virulence of the epidemic of 1918.

As was pointed out some time ago, scarlet fever has shown a much increased mortality during the past two months and, last week, there were 16 deaths reported therefrom as compared with 2 of the corresponding week of 1920. On the other hand, whooping cough and measles are considerably below the mortality of the corresponding week of 1920 as there were only 11 deaths reported from both combined as compared with 35 deaths. Pulmonary tuberculosis is still on the down grade from the viewpoint of mortality, there being only 109 deaths reported during the week as compared with 160; 128 deaths were reported from cancer as compared with 103. The death rate for the first five weeks of the year was 12.77 per one thousand as compared with 16.84 for the corresponding period of 1920. Infant mortality is considerably below the experience of 1920 as since January 1st, 1921, to date there were only 77 deaths of infants under one year of age out of one thousand children born as compared with 91 deaths in the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 506 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DRUG ADDICTION.—Graham-Mulhall, Sara. Experiences in narcotic drug control in the State of New York. (N. Y. Med. Jour., Jan. 15, 1921. pp. 106-111.)

DRUG ADDICTION.—Graham-Mulhall, Sara, and C. E. Terry. Symposium on narcotic drug addiction. (Am. J. Pub. Health, Jan., 1921. pp. 25-52.)

ENCEPHALITIS.—Leahy, S. R. Epidemic encephalitis. [1920.] 6 pp. VF

FATIGUE.—Gilbreth, F. B. Practical methods of reducing fatigue. (Mod. Med., Jan., 1921. p. 22.)

HEALTH CENTERS.—Hunt, E. L. The health centres bill of 1920. (N. Y. State J. M., Jan., 1921. pp. 3-5.)

HEART DISEASE.—Smith, C. H. Heart disease in school children. (Mother and Child, Jan., 1921. pp. 8-22, illus.)

HOUSING.—Macdougall, E. A. A co-operative housing plan. (Survey, Jan. 15, 1921. pp. 568-569, illus.)

METABOLISM.—Jones, H. M. A simple device for measuring rate of metabolism. (Arch. Int. Med., Jan. 15, 1921. pp. 48-60, charts, illus.)

NURSING.—National Organization for Public Health Nursing, Library Dept. Reading list on organization, administration and development of public health nursing . . . compiled by A. M. Carr and Florence Bradley. Oct., 1920. 24 pp. p610.73C23

PLAGUE.—Balfour, M C. The prevention of plague and of the economic loss caused by rats. (Internat. J. Pub. Health, Nov., 1920. pp. 384-491.)

POISONING.—Haskell, C. C., and others. The significance of the acidosis of methyl alcohol poisoning. (Arch. Int. Med., Jan. 15, 1921. pp. 71-82, tables.)

PUBLICITY.—Jean, S. L. Selling health. (Mother and Child, Jan., 1921. pp. 3-7, illus.)

SYPHILIS.—Thompson, Loyd. Syphilis. 2d ed., thoroughly rev. 1920. 486 pp., plates. 614.547T37

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Nov. 6	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec.	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29
Total deaths	1114	1128	1166	1282	1280	1144	1268	1208	1386	1409	1396	1364	1490
Annual Death Rate	9 46	9 58	9.91	10 47	10.87	9 72	10.77	10.26	11.52	11.71	11.63	11 34	13.51
*Acute Infectious Diseases	32	32	41	34	53	44	54	41	59	47	54	50	60
Pul. Tuberculosis..	104	88	97	114	100	86	125	98	99	119	101	100	109
Influenza	4	5	5	5	8	9	11	8	13	9	15	12	10
Lobar Pneumonia..	52	82	65	70	81	64	90	81	110	146	118	107	107
Broncho Pneum...	48	60	60	59	70	56	62	61	75	80	83	85	86
**Violent Deaths ...	75	82	97	82	78	66	76	78	83	97	61	90	70
Deaths under 1 year.	157	167	154	168	187	160	163	202	186	184	188	213	217
Rates per 1,000 births	61 4	65 4	60 5	65.2	73 5	62 9	64 1	79.5	73.5	72.5	73 0	83 9	85.3
Deaths under 5 years	256	237	229	248	270	221	247	277	287	281	280	314	318
" 5-65 years....	688	625	654	690	709	659	749	649	755	789	760	752	834
" 65 years and over	266	266	283	294	301	264	272	282	344	339	336	298	338

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	235	302	262	149	261	265	218	218	198	271	171	190	307
Diphtheria	264	361	381	377	378	449	408	329	416	5 3	479	480	460
Measles	40	39	62	89	55	84	65	48	74	86	90	88	108
Scarlet Fever	105	138	176	196	214	278	292	255	312	497	522	536	550
Chickenpox	78	86	112	147	190	218	209	104	199	278	324	242	311
Influenza	17	28	22	35	51	43	67	29	64	184	78	84	72
Pneumonias	198	216	269	294	356	376	306	285	261	510	341	336	390
Typhoid Fever	30	24	26	14	22	24	12	9	1	11	8	8	11
Whooping Cough ...	59	59	56	86	79	70	74	88	58	95	89	91	97
Syphilis	424	397	358	306	448	256	331	286	183	416	337	390	463
Gonorrhoea	56	75	45	49	67	95	68	65	68	64	49	71	90
Poliomyelitis	10	13	8	2	8		2	1			1	1	..
Cerebro-spinal Meningitis	2	6	5	6	5	6	3	5	8	4	9	7	4
Total	1509	1744	1779	1700	2114	2254	2055	1717	1837	2879	2507	2513	2863

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, January 29, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages.	Still-births	Death Rate 1920	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,774	1302	699	676	1255	640	52	29.78	16.02	15.49
The Bronx	732,016	772,528	305	177	168	293	71	6	21.84	11.86	11.26
Brooklyn	2,022,262	2,082,197	938	461	495	1024	298	41	23.97	11.55	12.40
Queens	466,811	495,050	202	106	111	188	27	7	22.04	11.17	11.70
Richmond.....	115,959	120,592	56	47	40	56	12	5	24.86	20.34	17.30
City of New York.	5,621,151	5,753,141	2803	1490	1490	2816	1048	111	25.81	13.51	

*Corrected by redistributing deaths according to borough of residence.

During the first five weeks of this year there were 7,045 deaths, a rate of 12.77 per 1,000 population. During the corresponding weeks of last year there were 9,148 deaths, a rate of 16.84 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia.	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	23	45	..	5	5	46	37	16	14	11	6	34	108	159	391	149
The Bronx	5	22	..	2	..	19	15	1	1	..	..	3	22	29	106	42
Brooklyn	21	24	1	2	3	38	23	10	8	2	2	21	69	101	252	108
Queens	4	8	..	..	..	4	5	2	1	1	1	1	12	19	57	30
Richmond	3	10	1	1	..	..	6	1	1	..	1	1	6	10	28	9
Total	56	109	2	10	8	107	86	30	25	14	10	60	217	318	834	338

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	103	94.7	14	12.9	5	9	152	27.3	14	2.5	20	3.6
The Bronx	23	81.4	1	3.5	..	1	31	23.5	1	0.8	3	2.3
Brooklyn	70	74.5	6	6.4	3	3	103	22.2	8	1.7	15	3.2
Queens	15	83.0	1	5.5		1	22	23.6	1	1.1	3	3.2
Richmond	6	112.0	1	18.7	.	1	10	47.1	1	4.7	3	14.1
City of New York.	217	85.3	23	9.0	8	15	318	25.1	25	2.0	44	3.5

During the first five weeks of this year 983 infants died, a rate of 77. per 1,000 births. During the corresponding weeks of last year 1,150 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Ave. Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Riverside Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Pulmonary Tuberculosis Kingston Avenue	Otisville Sanator.	Grand Total.
Rem'g 1-22-'21.	140	139	18	49	100	81	1	32	16	6	1	1	..	..	..	..	21	562	1167
Admitted ...	39	52	6	20	26	36	2	10	1	3	1	3	..	..	..	..	..	23	222
Discharged ..	26	46	6	28	4	26	2	6	2	1	..	..	..	..	..	..	..	17	162
Died	6	7	2	2	1	8	..	1	..	..	..	..	..	..	..	..	..	8	30
Rem'g 1-29-'21.	147	138	16	41	121	83	1	35	15	8	2	4	..	..	..	..	21	565	1197
Total treated	179	191	24	69	126	117	3	42	17	9	2	4	..	..	..	..	21	585	1389

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,490	2,808	775	715	217	47	54	318	64	89	235	446	338
1. Typhoid Fever	2	8	..	2	..	..	..	..	..	1	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	7	16	5	2	2	4	..	6	1	..	..	..	..
6. Scarlet Fever	16	2	8	8	..	4	7	11	5	..	..	..	..
7. Whooping Cough	4	19	..	4	2	1	1	4	..	..	..	..	..
8. Diphtheria	29	41	13	16	2	8	13	23	6	..	..	..	..
9. Influenza	10	557	5	5	2	.	1	3	1	..	2	3	1
Poliomyelitis	..	1	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	5	9	2	3	5	..	..	5	..	..	..	..	..
13. Pulmonary Tuberculosis	109	160	68	41	..	..	2	2	3	24	45	34	1
14. Tbc. Meningitis	7	17	5	2	1	1	3	5	1	1	..	..	..
15. Other forms Tbc.	14	8	5	9	1	..	1	2	..	5	3	4	..
16. Cancer, Malignant Tumor	128	103	65	63	..	..	..	..	1	2	16	33	26
17. Simple Meningitis	3	12	3	..	2	..	1	3	..	..	..	..	..
Of which													
17a. Cerebro-spinal Meningitis	2	5	2	..	..	..	..	..	2	..	..	..	..
18. Apoplexy, Softening of the Brain	22	17	11	11	..	..	..	..	..	..	1	10	11
19. Organic Heart Diseases	290	324	130	160	1	..	..	1	2	9	21	121	136
20. Acute Bronchitis	8	46	3	5	4	1	1	6	..	..	..	..	2
21. Chronic Bronchitis	1	4	1	..	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	107	467	65	42	10	6	5	21	3	8	17	35	18
22a. Broncho Pneumonia	86	284	48	38	38	10	9	57	3	2	5	9	10
23. Other Respiratory Diseases	7	22	3	4	1	1	..	2	1	..	1	1	2
24. Diseases of the Stomach (Cancer excepted)	10	9	6	4	4	..	..	4	..	..	4	..	2
25. Diarrhoeal Diseases (under 5 years)	25	21	14	11	23	1	1	25	..	..	..	..	..
26. Appendicitis and Typhilitis	16	12	7	9	1	..	..	1	2	5	6	2	..
27. Hernia, Intestinal Obstruction	15	10	8	7	2	..	..	2	..	1	4	5	3
28. Cirrhosis of Liver	4	14	3	1	..	..	..	..	..	..	2	2	..
29. Bright's Disease & Nephritis	102	136	49	53	..	..	2	2	2	2	11	41	44
30. Diseases of Women (not Cancer)	4	8	..	4	..	..	..	..	..	..	3	1	..
31. Puerperal Septicaemia	7	1	..	7	..	..	..	..	..	2	5	..	..
32. Other Puerperal Diseases	12	17	..	12	..	..	..	..	..	3	9	..	..
33. Congenital Debility, and Malformations	88	84	53	35	87	1	..	88	..	..	..	..	..
34. Old Age	4	11	1	3	..	..	..	..	..	..	..	..	4
35. Violent Deaths	70	75	52	18	2	1	3	6	10	3	29	15	7
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	60	71	44	16	1	1	3	5	10	3	21	14	7
c. Homicide	10	4	8	2	1	..	..	1	..	..	8	1	..
36. Suicide	14	16	10	4	..	..	..	..	..	2	9	2	1
*37. All other causes	259	279	129	130	27	6	4	37	16	18	41	78	69
38. Ill-defined causes	3	2	1	2	..	2	..	2	..	1	..	..	..

Deaths in Institutions,	533	Mean temperature,	28.0 deg. Fahr
Mean barometer,	30.04	Maximum temperature,	52.0 deg. Fahr
Mean humidity,	50.0	Minimum temperature,	4.0 deg. Fahr
Precipitation,	.01	Snow,	Trac

†If the deaths under one month, numbering 104 from all causes, be deducted from the tota deaths under one year, the resulting rate will be 44 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 7, Diabetes 25, Alcoholism 4, Locomotor Ataxi 1, Paresis 1, Arterio-sclerosis 60, all other congenital causes 13.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. FEBRUARY 12, 1921. No. 7.

TYPHUS FEVER IN THE CITY.

Two cases of typhus fever, the histories of which are given below, have been reported in the Borough of Brooklyn within the last few days.

In view of the fact that typhus fever is epidemic in many sections of Central Europe and Asia Minor, it is a matter of paramount importance to adopt every precaution to keep this disease from gaining headway in this country. Bearing in mind the innumerable channels of communication that exist between the affected countries and our own, and considering the enormous number of immigrants who reach these shores from countries in which they may have been exposed to infection, it will be seen that a note of warning to physicians, in particular, and to hospital superintendents, is timely so that no case of this disease may be overlooked. Unless physicians are on their guard, and keep in mind the varied manifestations of typhus fever, cases may be overlooked and be allowed to mingle freely with others in the community, thus laying the groundwork of a community outbreak.

While the Department of Health feels that the present situation is by no means alarming, it desires to bring to the notice of all physicians, particularly those in districts from which cases are reported, the cardinal symptoms by which the disease can be recognized, and for which they should be constantly on the alert. While the identity of the organism which is responsible for typhus fever has not been thoroughly established, we know that the body louse is the chief host of this organism and that the presence of such a louse is a distinct menace, particularly when found on immigrants coming from affected countries, or on those who have been in contact with such persons. It takes from four to twelve days for the disease to develop in an individual who has acquired the infection. The prodomal symptoms are extremely vague and, because of the lack of any characteristic symptom, they may be thought to indicate influenza, or other affections. The actual onset of the disease is sudden, beginning with frontal headache of very great severity. At the onset, there may be a chill, and there is a considerable elevation of temperature which is maintained throughout the disease. The face becomes flushed, the eyes suffused, and respiration is quickened, and the patient usually complains of a sense of great weakness. The temperature may reach 104 to 105 degrees F., from the second to the fourth day of the disease, and continue until near the termination of the malady.

The patient is usually drowsy and dull, or may be delirious.

Digitized by Google

A rash appears on the fourth to fifth day, and consists of macules; appearing on the abdomen first, and, later, on the chest, and then on the arms and legs. These macular spots may become petechial. With the appearance of the eruption, the nervous symptoms frequently become more marked.

The disease terminates in the majority of instances by crisis. In some cases, it ends by rapid lysis. In fatal cases the patient passes into coma before death.

From the public health standpoint, the important thing, in all instances, is to discover whether the patient is a recently arrived immigrant, or has been in contact with any person who has been abroad in the affected countries. Also, one should ascertain whether the patient or other members of the family give evidence of pediculosis, in which case such persons are to be thoroughly deloused at once, by the use of kerosene oil, followed by a thorough shampoo with creosol soap, and the washing of hairy parts, or equally effective treatment. The clothing is to be thoroughly disinfected by heat. All such cases should be promptly reported to the Department of Health, so that it may take such measures as are necessary for the proper care of the patient, and the protection of the public.

A history of the occurrence of typhus fever in New York City was printed in the Bulletin of August 1, 1920, and a description of the Weil-Felix diagnostic test in that of October 23, 1920.

Case I. Mrs. M. B., 58 years old, of 15th Ave., Brooklyn, was taken sick on January 10, with high fever and headache. Her temperature has continued between 103 and 105 degrees F. up to the time of writing. Her headache is persistent and, on January 14, a macular rash appeared on trunk and extremities. This rash is now becoming petechial. There is congestion of the eyes. The persons and surroundings of this patient are cleanly. The Weil-Felix agglutination test was positive. There is no evidence nor likelihood of vermin. There is no discoverable connection with recent immigrants.

Case II. J. H., male, 18 years, of 57th Street, Brooklyn. The history of this case is a little uncertain, but it appears that he had been sick since January 16, with severe headache and fever. He entered St. Mary's Hospital on the 27th, with a temperature of 104, a pulse of 140, delirious, and, plainly, in considerable pain. The Widal test was negative; leucocytes 26000; spleen not palpable: tongue badly coated, herpes on the lips; and constipation present.

Patient had a most profuse macular rash, dark red in color, the macules uniform in size, arranged over his trunk and arms. The temperature started to fall by step-like lysis, on January 28, and on January 31 it nearly approached normal. The macules were still very much in evidence and did not fade on pressure.

This man was born in United States, has not been out of town in a long while, has seen no visitors from foreign countries in the recent past, and no pediculi were noted on this person, though his body was much scarred with scratch marks.

Following the report of these cases, the Department's Bureau of Preventable Diseases had a house-to-house canvas made of the blocks from which the patients came, and all the physicians and hospitals in the vicinities were visited, in a search for other cases.

LIST OF REPORTABLE DISEASES AMENDED.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 27th day of January, 1921, the following resolution was adopted:

RESOLVED, That Section 86 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Digitized by Google

Sec. 86. Duty of persons in charge of hospitals, and of physicians, to report infectious diseases.—It shall be the duty of the manager or managers, superintendent, or person in charge of every hospital, institution, or dispensary, in the City of New York, to report to the Department of Health in writing the full name, age, and address of every occupant or inmate thereof or person treated therein, affected with any one of the infectious diseases included in the following list, with the name of the disease, within twenty-four hours after the time when the case is diagnosed, and it shall be the duty of every physician in the said City to make a similar report to the said Department within the same period relative to any person found by such physician to be affected with any one of the said infectious diseases, stating, in each instance, the name of the disease: Acute anterior poliomyelitis (infantile paralysis), anthrax, Asiatic cholera, botulism, diphtheria (croup), dysentery (epidemic), encephalitis lethargica, epidemic cerebro-spinal meningitis, glanders, suppurative conjunctivitis, hook-worm disease, leprosy, malarial fever, measles, mumps, paratyphoid fever, plague, pulmonary tuberculosis, acute lobar pneumonia, bronchial or lobular pneumonia, influenza, rabies, rubella (German measles, rotheln), scarlet fever, epidemic septic sore throat, smallpox, tetanus, trachoma, trichinosis, tuberculous meningitis, typhoid fever, typhus fever, varicella (chickenpox), whooping cough and yellow fever.

Provided, that if the disease is typhoid fever, scarlet fever, diphtheria, epidemic dysentery, or epidemic septic sore throat, every such report shall also show whether the patient has been, or any member of the household in which the patient resides is engaged or employed in the handling of milk, cream, butter, or other dairy products for sale or preliminary to sale.

A true copy.

CHARLES L. KOHLER, *Secretary.*

STANDARD RULES FOR INFANT CARE.

Rules to be used by public health nurses in teaching mothers how to care for their infants, have been standardized by the Babies Welfare Federation of New York City, and are being issued to all public health nurses in Greater New York in handy leaflet form, under the title "Routine Care of Babies."

The New York City Department of Health is placing the leaflets in the hands of all its nurses and 11 other organizations including settlements, maternity centers, visiting nurses associations and babies' clinics, are also using this handy system of instruction. A thousand leaflets have been distributed.

The National Midwives Association has arranged with the Federation to publish in its magazine, which is sent to over 3,000 licensed midwives, which includes those operating on New York's congested East Side, as well as throughout the State.

Miss Anne Stevens, of the Maternity Center Association; Miss Maria L. Daniels, of the New York Diet Kitchen; Miss Grace Marr, in charge of the Infant Welfare Stations in the New York City Department of Health; Miss Anne Sutherland, of the Bureau of Educational Nursing of the Association for the Improvement of the Condition of the Poor; Miss Anne Goodrich, Henry Street Settlement, and Miss Lillian Hudson, Teacher's College, are some of leading New York nurses who have approved these rules. All are members of the Health Station Committee of the Federation which aims to associate together all agencies doing welfare work for babies and young children in Greater New York and "save life by saving wasted effort." One hundred and seventy-five such agencies are already affiliated with the Federation.

Digitized by Google

TYPHUS AND CHOLERA IN POLAND.

In view of the continuous danger of the spread of the "war diseases," and the work done here to prevent their introduction, the following quotations are interesting:

"The Council of the League of Nations recently deputed to a small Commission the task of proceeding at once to Poland and making a report to the League at Geneva on the conditions prevailing in that country as to cholera and typhus. The Commission consisted of Professor Madsen, Director of the State Serum Institute at Copenhagen; Dr. Pottevin, the Joint Director of the International Office of Public Hygiene at Paris, and Dr. R. Norman White, C.I.E., of the League of Nations. The Commission arrived in Warsaw at the beginning of November, and, having only a limited time at its disposal, decided, rightly, not to make a comprehensive investigation, but to select for close attention certain representative places. The two areas visited were the northern part of the eastern territories as represented by Lida, Grodno and Wolkovisk; and Galicia, whence they went to Lemberg, Zolkiew, Nadworna, Zuraki, Bohorodczany, Stanislawow, Cracow, Wadowice, Sucha, and Zakopane.

"The following is a résumé of the observations of the Commission, first upon typhus, and secondly upon cholera:—

(1) The Typhus Epidemic.

"The area visited in the northern part of the eastern territories is poor and has suffered severely as a result of the war, which has been waged there almost incessantly since 1914. The retreat of the Bolshevik forces had taken place only a few weeks before the time of our visit. The destruction of a large number of houses, especially in the villages, has brought about an almost incredible amount of overcrowding. In one place the entire population of a village, which had been completely destroyed and which had formerly consisted of a hundred houses, was herded together in a single building, which was itself in an advanced state of disrepair.

"The demands of the war have drained the country. Information given us by the local authorities indicates that food reserves for the winter are non-existent. The numbers of horses and cattle are reduced to a quarter of the pre-war standard. Strictly speaking, this part of the country has never possessed a sanitary organization. Before the war there was no zemstvos in these districts, and such insufficient organization as had been created by the Polish Government had been destroyed during the course of the recent military operations. At the time of our visit these were in course of reconstruction.

"In spite of the impossibility of obtaining epidemiological statistics of any value, it is known that typhus exists in endemic form in this part of the country; and although the time of our visit did not coincide with the season of maximum incidence, we saw sufficient to indicate that the disease is extremely widespread and of a severe type. In the towns hospitals that had only been reopened a few days already contained typhus patients. At Grodno, for example, the epidemic hospital, which had been reopened three weeks previously, contained 150 patients suffering from either typhus or relapsing fever, in addition to which a further 70 typhus patients were accommodated in an annexe. In the villages typhus cases were found in large numbers, sometimes in every house visited. On one occasion we found in a single house eight patients in various stages of the disease, in addition to two bodies of persons who had died of typhus, one on the day of our visit, the other on the previous evening.

"In Eastern Galicia, as in the area just described, operations of war, which have continued with slight intermissions since 1914 almost up to this date, have been responsible for very extensive destruction of dwellings. The resulting conditions of poverty and overcrowding are especially favourable to the propagation of epidemic disease, notably typhus. The sanitary organization, removed or destroyed during the course of the recent campaign, is in process of reconstruction, but at the moment it is impossible to obtain statistics of the present prevalence of typhus. As an example of the lack of information we may cite our experience in Zuraki. This small village in the Bohorodczany district had reported no cases of typhus to the sanitary authorities, but a house-to-house inquiry in one portion of the village, of half an hour's duration, resulted in the discovery of two typhus patients in one house, three in another, five in a third, and in a fourth we found all the occupants convalescent from a recent attack of the disease. At the present time typhus is not prevalent in Eastern Galicia in the acute form in which it appeared last spring. All the same the disease is very widespread and we found cases in every place visited, though in some instances few in number. Before the war typhus was endemic in a few well-defined areas of Galicia; today the whole of Eastern Galicia must be regarded as an endemic focus of the disease.

"The results of the personal observations that we have been able to make do not permit of an opinion as to the course typhus will take in Poland or as to the dangers likely to accrue to other countries. Abundant information concerning these matters is contained in the publications of the Polish Ministry of Health; in the reports made in 1919 to the League of Red Cross Societies by Dr. G. S. Buchanan, Colonel H. S. Cumming, Dr. Aldo Castellani, and Dr. Visbecq, and in 1920 by Dr. Chodzko to the London Conference; in the reports of Médecin-principal Gauthier, Director of the Health of Service of the French Military Mission, &c. Here we would direct attention to the fact that the years 1919 and 1920 were both characterized by extremely severe epidemics. The number of cases notified—it is necessary to point out that the figures can be only an approximation much below the actual numbers—were most numerous in 1919, in the months of April and May, when 34,875 and 34,807 cases respectively were reported, and in 1920, in January, 27,984 cases. In June, 1920, the last months for which statistics are available, 3,550 cases were notified in Congress Poland, 1,795 in Western Galicia, and 5,850 in Eastern Galicia; these figures refer to the civil population only. The incidence of disease in the army of the interior varied in different cantonments between 0.01 and 0.60 per cent. (Lwow), with a mean incidence of 0.09 per cent. In prisoners' camps the typhus incidence amounted to 1.38 per cent.

"The reports indicate that typhus is very unequally distributed in Poland. The north-western districts are practically free from disease, as is also the district of Posen; the southern and eastern districts are most seriously affected. We may conclude that though typhus does not exist at the present time in the form of an acute epidemic—and recalling that the present is the season of low incidence of the disease—it is very widespread throughout large areas, notably in the south and the east. The areas we visited are infected to a degree of which official documents give no indication.

"It is impossible to frame a forecast of the future course of an epidemic now endemic over ... areas, but our knowledge of the epidemiology of typhus enables us to foresee that seasonal ...ks will continue to occur, the gravity of which will be chiefly determined by all social and ...ic conditions which are likely to creat a state of physical depression among the popula-

Digitized by Google

tion submitted or exposed to infection. In any case, its persistence institutes a permanent danger to the rest of Poland and for all other countries. In countries with a high standard of personal hygiene there is not much to fear in the way of extensive outbreaks of typhus. But even in such countries there are groups of individuals and communities where lack of cleanliness presents all the conditions necessary for the spread of the disease. A report of the League of Red Cross Societies rightly calls attention to the recent epidemic in Holland as a case in point.

"The eradication of typhus in the areas described appears to us, therefore, to be a question of international importance. Its continued prevalence constitutes a standing menace to other countries commensurate with the intensity of the epidemic. Measures taken at the frontiers of other countries can diminish the danger, but they cannot obviate it altogether. The measures necessary for the eradication of the disease have been studied and defined, notably at the Conference in London. The Polish Government are alive to the urgency of the work to be accomplished. The organization that they have created to fight epidemic disease, notably typhus, is excellent and has already achieved results that do them much credit. But the material at their disposal is altogether inadequate for the intensive and extended campaign that it is necessary to wage without delay.

(2) The Cholera Epidemic.

"At the end of September cholera appeared in territory reoccupied by the Polish forces in the neighborhood of Lida and Grodno. Previously there had been a large incidence of this disease in Soviet Russia. Thus, an official Soviet statement dated August 30th, 1920, reported extensive prevalence of cholera in parts of Soviet territory adjacent to the Russia-Polish Armistice line as well as in other parts of Russia. In the first six months of 1920, 5,675 cases of cholera were notified in Russia. By the middle of October, 1920, soldiers and prisoners of war had carried infection to various parts of Poland. Up to date (17/11/20) 21 foci of infection have been reported, and new foci are still being discovered. In Poland proper reported cases number 299, in addition to which 119 carriers have been discovered. Of the 299 cases, 30 were civilians; the great majority of the remainder were prisoners of war. In addition to the above, 461 cases of cholera have been notified in the eastern territory now under Polish military administration; of these 100 were civilians. The occurrence of cholera cases in 21 widely separated places in Poland, their very high carrier rate, and the extremely defective nature of most of the water-supplies combine to make the situation full of danger. An unpleasant fact in this connection is the very high incidence of typhoid now prevailing in most parts of Poland, where the conditions favourable to intestinal disorders are generally present. The Polish Health Administration is alive to the dangers of the situation, and inoculation with a cholera vaccine is being widely carried out. The whole army and all the prisoners of war have now been inoculated, as well as large numbers of the civil population.

"On our tour of inspection we encountered cholera at Lida, Warsaw, Wadowice, and Zakopane. At Wadowice we inspected the prisoners' camp. At the time of our visit there were 4,500 prisoners of war in very poor condition. The Polish authorities are obviously finding it extremely difficult to provide adequate food and clothing for their prisoners. There were 90 cholera cases in the prisoners' hospital at Wadowice, as well as 80 cases of relapsing fever and 36 of typhus. We are informed that there are 80,000 prisoners of war in Poland at the present time. Half of these are in prisoners' camps, the remainder being scattered about the country in working parties. The presence of this large number of prisoners of war, with very enfeebled powers of resistance to disease, is a most unwelcome complication of the already sufficiently difficult health problems of Poland."—(Lancet, Dec. 4, 1920.)

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 5, 1921.

There were 1,434 deaths and a death rate of 13.00 per one thousand of the population reported during the week, as compared with 3,502 deaths and a rate of 33.25 in the corresponding week of 1920. This striking contrast between the death rates of two corresponding weeks is explainable by the fact that in the corresponding week of 1920 the City was experiencing the height of a severe prevalence of influenza, there having been 965 deaths from influenza reported during the week and 1,023 deaths from the pneumonias, as compared with 10 deaths from influenza and 189 from the pneumonias, during the week just closed. We are not out of the woods yet as influenza will, in all probability, put in an appearance in the latter end of this month or during the month of March. It has done so in the past and will probably repeat itself in the near future.

Pulmonary tuberculosis showed only 96 deaths during the week as compared with 178 in the corresponding week of 1920. Chronic organic heart and kidney diseases contributed 373 deaths last week as against 510; there were 8 deaths reported from whooping cough as compared with 25; 6 deaths reported from measles as compared with 40, and 34 from diphtheria as compared with 37. On the other hand there were 15 deaths reported from scarlet fever as compared with 4 deaths; 213 deaths were reported from infants under one year of age as compared with 356, and 107 deaths between the ages of 1 to 5 as compared with 369. At ages 65 and over there were only 320 deaths reported as compared with 612 deaths. The death rate for the first six weeks was 12.82 as compared with a rate of 19.42 in the corresponding period of 1920. The infant mortality still holds very low, there having been 78 deaths out of every one thousand children born from January 1st to date, as compared with 99 deaths in the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ACCIDENTS.—N Y. State Industrial Commission. Asphyxiation in garages and other automobile accidents. Dec., 1920. 23 pp. (Special Bull. No. 101. Prepared by the Div. of Ind. Hyg.) VF

CANCER.—Bulkey, L. D. Cancer death rate in N. Y. City during 1920. (Med. Rec., Jan. 29, 1921. pp. 186-187.)

COMMUNITY KITCHENS.—Dresser, Mrs. Horatio. The food economy kitchen and its value in the community. (J. Home Econ., Jan., 1921. pp. 33-35.)

DELINQUENCY.—Spielm.. M. A. Romance of child reclamation. 1920. 144 pp. 364Sp4

DRUG ADDICTION.—Burns, Frank. Treatment of addiction disease. (N. Y. Med. J., Jan. 29, 1921. pp. 179-181, tables.)

INSANITY.—Donaldson, Elsie. Syphilis as a cause of insanity. (U. S. Public Health Service. Pubic Heal.h Reports, Jan. 21, 1921. pp. 67-72, tab'es.)

MENTAL HYGIENE.—Sandy, W. C. Mental hygiene; some phases of importance to public health physicians and nurses. (Pub. Health Nurse, Jan., 1921. pp. 23-26.)

NURSING.—Kefauver, C. B. Industrial nursing. II. The factory unit. (Trained Nurse, Feb., 1921. pp. 113-116, illus.)

PHYSICAL EXAMINATION.—Warnshuis, G. J. The relations of physical proportions to general health. (Mod. Med., Jan., 1921. pp. 39-42.)

PUBLIC HEALTH.—Burnham, A. C. The community health problem. 1920. 149 pp. 614B96

SCHOOL HYGIENE.—Legge, R. T. School hygiene; the value of medical inspection in schools. (Pub. Health Nurse, Jan., 1921. pp. 35-38.)

SMALLPOX.—Force, J. J., and others. Symposium on smallpox. (Am. J. Pub. Health, Feb., 1921. pp. 116-142, charts, tables, illus.)

SYPHILIS.—Burns, Joseph P. Fumigation inhalation treatment of syphilis. (N. Y. Med. J., Jan. 29, 1921. pp. 183-186, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Nov. 13	Nov. 20	Nov. 27	Dec. 4	Dec.	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5
Total deaths	1128	1166	1232	1280	1144	1268	1208	1386	1409	1396	1364	1490	1494
Annual Death Rate	9 58	9.91	10 47	10.87	9.72	10.77	10.26	11.52	11.71	11.60	11 34	12.51	13.00
*Acute Infectious Diseases	32	41	34	53	44	54	41	59	47	54	50	60	68
Pul. Tuberculosis..	83	97	114	100	86	125	98	99	119	101	100	109	96
Influenza	5	5	5	8	9	11	3	13	9	15	12	10	10
Lobar Pneumonia..	32	65	70	81	64	90	81	110	146	118	107	107	117
Broncho Pneum...	60	50	59	70	56	62	61	75	80	83	85	86	72
**Violent Deaths ...	82	97	82	78	66	76	78	83	97	61	90	70	91
Deaths under 1 year.	167	154	168	187	160	163	202	186	184	183	213	217	213
Rates per 1,000 births	65.4	60 5	65.2	73 5	62 9	64 1	79.5	73.5	72.5	72.0	83.9	85.3	83.8
Deaths under 5 years	237	229	248	270	221	247	277	287	281	280	314	318	320
" 5-65 years....	625	654	690	709	659	749	649	755	789	790	752	834	794
" 65 years and over	266	283	294	301	264	272	282	344	339	326	298	338	380

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	302	262	149	261	265	218	218	198	271	171	190	307	200
Diphtheria	361	381	377	378	449	408	329	416	513	479	490	460	465
Measles	39	62	39	55	84	65	48	74	86	99	88	108	157
Scarlet Fever	138	176	196	214	278	292	255	312	497	522	536	550	516
Cnickenpox	86	112	147	180	218	209	104	199	278	324	242	311	292
Influenza	28	22	35	51	43	67	29	64	134	78	84	72	59
Pneumonias	216	269	294	356	376	306	285	361	510	341	335	390	342
Typhoid Fever	24	25	14	22	24	12	9	1	11	8	8	11	12
Whooping Cough ...	59	56	86	79	70	74	88	53	95	89	91	97	99
Syphilis	397	358	306	448	256	331	286	183	416	337	390	463	228
Gonorrhoea	75	45	49	67	95	68	65	63	64	49	71	90	78
Poliomyelitis	13	3	2	3	.	2	1		..	1	1	..	1
Cerebro-spinal Meningitis	6	5	6	5	6	3	5	8	4	9	7	4	6
Total	1744	1779	1700	2114	2254	2055	1717	1837	2879	2507	2513	2863	2495

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, February 5, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	1604	650	638	1102	599	57	36.68	14.90	14.62
The Bronx	732,016	778,528	404	150	148	253	140	11	28.20	10.05	9.92
Brooklyn	2,022,262	2,082,203	1215	486	508	940	275	58	31.04	12.18	12.73
Queens	466,811	495,050	212	93	102	186	34	7	23.22	9.80	10.75
Richmond.....	115,959	120,592	67	55	38	42	22	2	29.75	23.80	16.44
City of New York.	5,621,151	5,753,151	3502	1434	1434	2523	1070	135	32.25	13.00	

*Corrected by redistributing deaths according to borough of residence.

During the first six weeks of this year there were 8,479 deaths, a rate of 12.82 per 1,000 population. During the corresponding weeks of last year there were 12,650 deaths, a rate of 19.42 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia.	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	29	31	2	4	3	51	33	14	12	8	3	56	104	153	359	188
The Bronx	4	15	1	3	1	16	8	1	..	2	..	3	16	27	88	35
Brooklyn	26	23	1	2	13	33	22	10	9	1	1	23	78	119	257	110
Queens	2	8	..	..	1	12	7	..	..	1	..	3	14	17	55	21
Richmond	3	19	..	1	..	5	2	..	..	1	..	2	1	4	35	16
Total	63	96	4	10	18	117	72	25	21	13	4	87	213	320	794	320

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	94	86.4	11	10.1	4	7	138	24.8	11	2.0	22	3.9
The Bronx	22	77.9	..	..	..	..	24	25.8	..	..	4	3.0
Brooklyn	79	84.1	6	6.4	1	5	122	26.2	10	2.1	17	3.7
Queens	16	88.4	..	..	..	..	21	22.6	..	..	1	1.1
Richmond	2	37.6	..	..	..	..	5	23.5	..	..	1	4.7
City of New York.	213	83.8	17	6.7	5	12	320	25.2	21	1.7	45	3.5

During the first six weeks of this year 1,196 infants died, a rate of 78. per 1,000 births. During the corresponding weeks of last year, 1,506 died, a rate of 99. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 1-29-'21.	147	138	16	41	121	88	1	35	15	8	2	4	..	..	..	..	21	565	188	1385
Admitted ...	40	44	9	33	26	45	3	16	3	3	2	2	..	..	..	..	2	17	18	268
Discharged ..	29	34	3	19	20	26	3	8	..	4	1	..	..	..	..	..	1	22	6	176
Died	5	8	..	4	..	9	..	..	..	..	..	..	..	..	..	..	..	..	1	27
Rem'g 2-5-'21..	153	140	22	51	127	98	1	43	18	7	3	6	..	..	..	..	22	560	199	1445
Total treated	187	182	25	74	147	128	4	51	18	11	4	6	..	..	..	..	23	582	206	1648

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,434	3,502	761	673	218	46	61	320	53	69	253	419	320
1. Typhoid Fever	1	..	1	..	..	..	..	..	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	6	40	2	4	1	1	3	5	..	..	..	1	..
6. Scarlet Fever	15	4	6	9	..	2	5	7	7	1	..	..	..
7. Whooping Cough	8	25	2	6	4	2	2	8	..	..	..	..	..
8. Diphtheria	34	37	21	13	1	12	12	25	7	2	..	..	..
9. Influenza	10	965	8	2	..	1	1	2	2	1	1	3	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	6	4	2	4	5	..	1	6	..	..	..	..	..
13. Pulmonary Tuberculosis	96	178	55	41	..	..	1	1	3	18	49	20	5
14. Tbc. Meningitis	8	10	5	3	2	2	2	6	..	1	..	1	..
15. Other forms Tbc.	9	7	2	7	..	1	..	1	1	2	3	1	1
16. Cancer, Malignant Tumor	94	106	50	44	..	..	..	..	..	2	13	56	23
17. Simple Meningitis	2	6	..	2	..	1	..	1	..	..	1	..	..
17a. Cerebro-spinal Meningitis	4	3	3	1	2	..	..	2	1	..	1	..	..
18. Apoplexy, Softening of the Brain	19	18	11	8	..	..	..	..	..	..	2	6	11
19. Organic Heart Diseases	268	350	129	139	..	..	..	..	10	6	31	104	117
20. Acute Bronchitis	18	40	8	10	12	2	1	15	..	..	..	1	2
21. Chronic Bronchitis	3	10	2	1	..	..	..	..	..	..	..	3	..
22. Lobar Pneumonia	117	548	63	54	11	6	5	22	2	3	28	38	24
22a. Broncho Pneumonia	72	475	41	31	29	3	3	45	3	1	2	14	7
23. Other Respiratory Diseases	19	20	11	8	4	1	..	5	..	2	6	5	1
24. Diseases of the Stomach (Cancer excepted)	13	4	9	4	1	..	..	1	..	..	5	5	2
25. Diarrhoeal Diseases (under 5 years)	21	41	9	12	17	3	1	21	..	..	..	..	..
26. Appendicitis and Typhilitis	14	8	7	7	..	1	1	2	1	1	4	5	1
27. Hernia, Intestinal Obstruction	17	12	8	9	1	..	1	2	..	..	..	10	5
28. Cirrhosis of Liver	4	9	3	1	..	..	..	..	..	..	..	3	1
29. Bright's Disease & Nephritis	90	142	42	48	..	..	1	1	..	3	17	33	36
30. Diseases of Women (not Cancer)	12	4	..	12	..	..	..	..	..	..	9	2	1
31. Puerperal Septicaemia	..	4	..	..	..	..	..	..	..	..	..	..	..
32. Other Puerperal Diseases	12	11	..	12	..	..	..	..	..	2	10	..	..
33. Congenital Debility, and Malformations	96	84	57	39	95	..	1	96	..	..	..	..	..
34. Old Age	2	10	..	2	..	..	..	..	..	..	..	..	2
35. Violent Deaths	91	58	69	22	2	2	6	10	10	9	28	25	9
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	87	54	66	21	2	2	6	10	10	9	26	23	9
c. Homicide	4	4	3	1	..	..	..	.	..	..	2	2	..
36. Suicide	13	11	3	10	..	..	..	..	..	1	3	4	..
*37. All other causes	236	258	129	107	26	1	9	36	6	9	36	78	71
38. Ill-defined causes	4	3	3	1	..	..	..	..	..	..	3	1	..

Deaths in Institutions,	583	Mean temperature,	33.6 deg. Fahr.
Mean barometer,	29.87	Maximum temperature,	46.0 deg. Fahr.
Mean humidity,	75.7	Minimum temperature,	17.0 deg. Fahr.
Inches of rain,	.93	Snow,	2.2

*If the deaths under one month, numbering 116 from all causes, be deducted from the total deaths under one year, the resulting rate will be 38 per 1,000 births (weekly average).

†Includes deaths from Erysipelas 4, Syphilis 13, Diabetes 25, Alcoholism 3, Locomotor Ataxia 2, Paresis 5, Arterio-sclerosis 55. all other congenital causes 17.

25a-2022-21-0

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. FEBRUARY 19, 1921. No. 8.

ANTI-PLAGUE WORK OF THE DEPARTMENT OF HEALTH.

In its anti-plague work, the Department of Health directs especial attention to ships from foreign ports, particularly those from infected or suspected ports. The present routine is as follows: The Quarantine Station notifies the Department of the arrival of such ships in the Port. An inspector is immediately sent to the docking pier, to compel the placing of rat guards on the hawsers extending from the ship to the shore, and fenders or pontoons to breast-off the ship at least six feet from the dock, and to take all reasonable precautions to prevent rats from coming ashore. The inspector also requires the consignee to forward the health pratique received at Quarantine to the Department, in order to place responsibility for the compliance with orders upon such consignee. In order to prevent the loss of merchandise overboard in the unloading of such vessels, due to the open water between ship and dock, the consignee has the option of fumigating the vessel with hydro-cyanic acid gas instead of complying with these regulations. Such fumigation is always recommended, since this tends to the extirpation of the rat population of the ship, and removes the danger therefrom, as well as killing any other vermin upon such vessel. This has resulted in an increased demand for fumigation, and a consequent lowering of the danger of rat invasion.

The piers, themselves, next receive attention. We prove the presence of rats thereon, through the physical evidence available, and by means of their actual trapping. Accepting as a fact the theory that plague will appear among the rats of a city six months before its communication to man, these trapped rats are taken to our laboratory and examined for the presence of disease. Fortunately all of such examinations, so far, have proved negative.

All dunnage, old material, and refuse, upon the dock, which might form a harborage for rats, is ordered removed. Materials to be left on the dock, unmoved for some time, are ordered elevated, placed in rat-proof enclosures, and so arranged as to permit of ready inspection. The lessee, or the Department itself, spreads poisoned bait—barium-carbonate mixed with flour being selected as the most easily handled and the least dangerous to man or pet animals.

By agreement with owners of warehouses, storage houses, etc., contracts have been placed with vermin exterminators to free the premises of rats. The use of suitable concrete in all new construction work, and the covering of openings

Digitized by Google

with heavy half-inch wire mesh, is enforced to prevent the entrance of rats into the buildings. Fumigating, trapping, and poisoning is relied upon to account for rats carred into these buildings in merchandise.

Surveys have been made of the ash and refuse dumps of the city. These are spread with poison bait, with "holzem"—a proprietary material on the plan of the sticky fly-paper—and with traps of various styles. Excellent work has been accomplished by these methods, as noted in night visits to these places.

Chicken-coops and runs are required to be rat-guarded. Two methods are open to the owner. He may cement his entire run and coop, or entirely enclose them, with heavy wire mesh which must, in addition, extend at least 18 inches into the ground.

Where surveys show the presence of rats in stables, dwellings, etc., the owner is compelled to fumigate these premises with cyanide gas, engaging for that purpose one of the licensed fumigators, who is under the supervision of the Department. Or he may take any of the other methods recommended for this purpose, the Department providing him with a list of methods and of firms whose work or materials have been found satisfactory. He is further required to rat-proof the portion of the premises under which the rats were found breeding.

While it has been accepted as an established fact that the ridding of a community of rats through the use of a virus—by inoculating or feeding some material which causes the development in them of a disease contagious to other rats—is impossible, still this Department is now experimenting with a culture obtained from Germany, which it is claimed was used by the Germans to clear their trenches of rats.

Appreciating that the builders of new structures, especially those within a reasonable radius of the piers where vessels dock, should be apprised, in advance, of the most feasible method of keeping rats from the premises, the Department of Health has submitted the following resolution to the Board of Standards and Appeals, for adoption:

"However, no certificates of occupancy shall be issued for any building or structure hereafter erected within 600 feet of the waterfront along which vessels dock, unless all its foundation and exterior walls to the height of at least 5 feet above the grade level and surface of its lowest floor are constructed of stone, concrete or similar hard or impervious material.

"The concrete shall be made up of one part of cement, two parts of sand and three parts of small, sharp broken stone, and before the finished top is applied this concrete shall be covered with wire wesh of not under No. 12 gauge, and with not over ½ inch mesh except where this concrete, exclusive of the finished surface is 3 inches in depth, no such mesh shall be necessary.

"All windows and other openings in such foundation and exterior walls within five feet of grade level must be protected with wire screen of not under 12 gauge and with not over ½ inch mesh. All door openings in such walls shall be metal lined or covered with similar mesh and such doors shall be provided with self-closing devices."

The results to be accomplished by this anti-rat campaign loom large in any health conservation program. The economic losses resulting from rats, also make the effort for their extermination very valuable. But this eradication cannot be accomplished in a day, nor can it be done without the aid and assistance of our people. It is their problem; they should enter into its solution whole heartedly, and the Department of Health bespeaks the co-operation of all in the work which lies ahead.

Digitized by Google

SHIP-BORNE PLAGUE.

"The annual report of the chief medical officer of the Ministry of Health for 1919-20 contains, amongst other reports which we have already noticed, a valuable contribution on the subject of ship-borne plague, by Dr. R. J. Reese, one of the senior medical officers of the Ministry. It comprises a summary of the more important facts relating to the circumstances associated with the occurrence of the disease on board ships arriving at the ports of England and Wales during the last 25 years by one whose complete experience enables him to write authoritatively on the subject. During recent years the number of plague-infected vessels coming into British ports has increased. This, in Dr. Reece's view, may be attributed to conditions brought about by the war, which have resulted in large quantities of food-stuffs and other cargoes being stored for long periods awaiting transport at certain ports abroad, such as Bombay, Alexandria, and the South American ports. Before shipment this merchandise is liable to become infested with rats, with the result that the number of these rodents found on board cargo-carrying vessels has materially increased since the signing of the armistice. When a vessel arrives at one of our ports and declares that she is an 'infected' or 'suspected' vessel, or when it is known that she has come from a plague-infected port, prompt measures are taken at the port of arrival to prevent the introduction of the disease into the country.

Difficulties of Recognition of Plague.

"A study of the many examples given by Dr. Reece shows that this preliminary information is not always forthcoming, and consequently the task of a port medical officer of health is at times far from easy. In the first place, it has to be remembered that the number of merchant vessels carrying a ship's surgeon is relatively few and that the recognition of plague by an untrained observer is often difficult. The bubonic type is generally correctly diagnosed because it is widely known that this form is accompanied by glandular swellings. In the septicaemic and pneumonic forms the virulence of the disease and the rapidity of the fatal issue often mask the diagnosis. On board ship these forms may be confused with malignant malaria, influenza, or typhus fever, and thus it not infrequently happens that those on board a plague-infected vessel have no idea of the true nature of the malady. In the second place, a vessel coming from a port where no plague is known to exist may yet have plague-infected rats on board. It appears probable that plague may exist undiscovered among rats on board a vessel for many months. In the case of the s.s. Highland Prince, for example, the infection was probably taken on board the vessel in June and did not become manifest until the first days of October.

Method of Infection on Board Ship.

"It is common knowledge that the modern ship is generally built in water-tight compartments, at any rate below the water-line, often with no direct communication between holds; to get from hold to another a rat would have to come to the upper decks. Plague infection may therefore be entirely limited to one hold, rats therein dying of the disease whilst those in other holds remain healthy. In such circumstances should all the rats and rat fleas die, there will be no spread of infection to man when the holds are opened for the purpose of discharging the cargo. On the other hand, fleas leave the body of a rat when it dies, and it is therefore a dangerous procedure for a man to enter the hold of a ship in which rats have died. Again, much depends upon the cargo carried; when a ship is empty or when the cargo does not afford food for rats they will make their way, if possible, to the places on the ship where the food of the crew is stored or prepared. Thus the first human case on board a vessel is often some member of the crew whose duties take him into the food store. The storekeeper or the saloon steward who carries the food from the galley to the saloon is specially liable to infection, and the steward may in turn infect the captain and other officers upon whom he attends. It is therefore of importance that all food stores on board ship should be rendered rat-proof. It appears probable that rats often gain access to ships by being carried on board with the cargo. They have sometimes been found in bales, bags, barrels, and crates containing a variety of different foods, such as grain, fruit, and vegetables, particularly when a cargo intended for a vessel has been left undisturbed for some time in dock warehouses. Before shipment such cargo should be carefully looked over. Above all, every means should be employed to prevent rats at a plague-infected port gaining access to a vessel which is to carry grain or other cargo to a distant country. It is probable that this precaution has not always been observed in the past.

Transport of Rats.

"As indicating the extent to which rats are conveyed from one country to another through the agency of shipping, Dr. Reece's remarks on the change of the species of rats found at the English ports are very interesting. A hundred and fifty years ago the rat of this country was the Mus rattus, the black rat, or old English rat. When the brown rat, Mus decumanus, came to Britain it practically exterminated the old English rat, and a few years ago it was hardly possible to obtain a specimen of the black rat. In recent years the rat population of this country has undergone a further change owing to the reintroduction from abroad of the black rat and the appearance of a third species, also black, known as the Mus alexandrinus. From returns received by the Ministry of Health it would appear that these two rats are increasing in number at certain ports. The number of brown rats destroyed at London and Cardiff far exceeds the number of black rats, whereas at Liverpool and Hull the two black rats predominate. The presence among ships' rats of the species most prone to acquire, carry, and transmit the infection of plague is somewhat disquieting and demonstrates the desirability of destroying these rodents at the point at which this process may most effectively be carried out—namely, on board ship immediately after discharge of the cargo.

Plague Prevention at Liverpool.

"The annual report for 1919 of the medical officer of health to the Port Sanitary Authority of Liverpool contains, in the section devoted to rats and plague, tables showing that over 20,000 rats were caught on ships and quays by the authority's rat-catchers during the year, in addition to 50,000 disposed of by various shipping firms employing their own means of deratisation. An example of the new duties imposed on port sanitary authorities by recent legislation is the Rats and Mice Destruction Act, 1919, which applies to a vessel as though it were land; the master of a vessel is deemed to be the occupier thereof, thus becoming responsible for taking reasonable and practical steps to rid his property of rats and mice. The world-wide distribution of plague was maintained during the war, but one case only was landed at Liverpool out of a ship which had sailed from Bombay. In the port of Liverpool 310 rats were examined bacteriologically, and 20 of this number were found to be plague-infected; most of the latter could be traced to a single vessel. The following precautions were adopted. The vessel was breasted 6 feet off the quay, rat-guards were placed on all mooring ropes, gangways were whitewashed and hoisted when not in use; extra labour was engaged, the cargo was searched for rats, the vessel also searched before, during, and after discharge of cargo; the names and addresses of the crew were obtained and the men visited; any dock labourer or carpenter absent from work on account of sickness

Digitized by Google

was also visited; rat-catchers were kept continually at work on ship and quays; the matchboard lining and flooring at the lazaret were stripped and burnt, and the apartment thoroughly sprayed with kerosene; dead rats when found were immediately disinfected, and the whole vessel when empty was subjected to complete and simultaneous disinfection."—(Lancet, Dec. 11,'20.)

VACCINATION ORDINANCE UPHELD.

The following is an extract of a decision rendered by the Texas Court of Civic Appeals in construing an ordinance of the City of San Antonio requiring all school children to be vaccinated against smallpox. The court held that the ordinance was valid and within the police power of the State.

"Vaccination Ordinance Upheld.—An ordinance of the city of San Antonio requiring all school children to be vaccinated against smallpox was held valid by the Texas Court of Civil Appeals in Zucht v. King, 225 Southwestern Reporter 267. The ordinance was attacked on a number of grounds, which were discussed by Judge Cobb in the opinion of the court. Relative to the power of cities to protect the health of their inhabitants he said:

"'There is nothing known to the law broader than the long arm of police power to protect the inhabitants of a city in its health, and consequently against the ravages of disease. The power to eliminate disease of every kind that jeopardizes the health of her citizens, and keep a clean, sanitary, and healthy city, is paramount to almost all other considerations, for 'cleanliness is next to godliness.' Much has been written, and much has been said, on the subject, and laws passed having an eye to the protection of health have met the approval of courts of all jurisdictions.'

"Further, in speaking of their duty to make rules and regulations in the exercise of this power, he said:

"'There is no greater authority or responsibility placed upon the city than to establish rules and regulations to protect the health and morals of a city. This power did not suddenly come up, but it followed the growth of civilization in the wake of necessity, progress, and science, and spread of disease, and, as conditions arose and necessity demanded, the inherent power to grapple with it sprang into life and action, to the end that the blighting hand of disease might not touch and destroy the inhabitants.'"

INTERESTING LEGAL CLIPPINGS.

Prenatal Injuries Actionable.

"Can a child injured for life, through negligence while yet unborn, recover damages for the injuries sustained? The above question was before the Special Term of the New York Supreme Court for New York County in Drobner v. Peters, 184 New York Supplement, 337, which answered in the affirmative. No other case where a recovery was had was called to the attention of the court. Judge Ford, who wrote the opinion, was not inclined to extend the application of the case of Nugent v. Brooklyn Heights R. R., 139 New York Supplement, 367, in which the Appellate Division of the Second Department held that there could be no recovery where an unborn child was injured through the negligence of a carrier while the mother, who was a passenger, was alighting from a street car, on the theory that while the mother was a passenger the child was not, as the company had no knowledge of its existence, and had not contracted for its safe carriage. In discussing that case the court said:

"'It seems to me that the harsh rule applied should not be extended, but rather confined strictly to the limits set in that case. Indeed, the opinion itself is a strong argument for the validity of a claim for damages to an unborn infant under other than the particular circumstances then under consideration. Here the mother fell into a coal hole on a public sidewalk. Surely the reasoning in the Nugent case does not apply any more than if the mother was carrying her infant in her arms. It is our boast that the common law is elastic enough to fit itself to new conditions and to progress pari passu with advancing civilization and our ever-growing humanitarianism; and it is but a manifestation of this spirit of the law to recognize responsibility of the defendant to this child, now doomed to go through life permanently injured in head, body, and limbs.'"

Bald Headed Men Beware of Soiled Towels.

"The use, by a bald-headed dentist, of filthy towels to wipe perspiration from the top of his head and neck, made it possible for his widow to collect on an insurance policy which insured him against accidental death. It was his custom to use the towels which he used in the practice of his professon, for his personal

Digitized by Google

use. They were dirty, had blood and pus on them, which came from the mouths of patients and often had hardened particles of plaster of paris attached to them. A physician had talked to him about his practice of using the towels for wiping his head. He became ill and complained of pain at the top of his head, upon which were circumscribed red spots that were inflamed and swollen. He later went to bed exhausted after having had a chill. The next afternoon he became delirious and died early the following morning. It was the opinion of the attending physician that deceased had been infected by bacterial or septic infection.

"His widow brought an action on the accident policy and had judgment, which was affirmed by the United States Circuit Court of Appeals, Eighth Circuit, in Business Men's Acc. Ass'n v. Schiefelbusch, 262 Federal Reporter, 354. There was medical testimony to the effect that no day passed on which the dentist could not have been infected by the towels with the streptococcus germ and that the continual rubbing of his head with the dirty towels would be sufficient to carry the germ into his body. There was no indication that the germ was introduced into his body in any other manner. It was held that the evidence was sufficient to sustain the finding that the cause of his death was accidental. Circuit Judge Carland wrote the opinion."

—(From "N. Y. Supplement.")

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 12, 1921.

The health of the City as reflected in the mortality total for the week just closed was exceptionally good, as there were only 1,467 deaths reported, with a death rate of 13.30 per one thousand of the population—an exceedingly low death rate for this season of the year. Comparison with the mortality of the corresponding week of 1920 shows by contrast the height and the depth of mortality statements, as may occasionally happen. During the corresponding week of 1920 there prevailed at this season the very marked recurrence of the epidemic of influenza which exacted its enormous toll of human life in November and December, 1918, with the result that 731 deaths were reported from this cause and associated with these were 1,065 deaths from the pneumonias, making in all 1,796 deaths from these causes, as compared with 9 deaths from influenza and 203 deaths from pneumonia, as occurred in the week just closed—making a total of 212 deaths. This explains in great measure the very heavy mortality during the week of 1920, there having been 3,513 deaths reported from all causes with a death rate of 32.35 per 1,000 of the population. Two other factors in the decreased mortality during the week were the very few deaths reported from measles (4) as compared with 57, and from whooping cough (7) as compared with 25. There were 380 deaths credited to organic heart and kidney diseases during the week as compared with 567 deaths in the corresponding week of 1920. The mortality from pulmonary tuberculosis was very low, having been only 88 deaths reported as compared with 177.

Viewed from the point of age grouping, infants under one year suffered much less than in the corresponding week of 1920, there having been 209 deaths reported as compared with 432. Between one and five years 130 deaths were reported, as compared with 392. Between the ages of 5 and 65 there were 802 deaths reported, as compared with 2,045, and at 65 years of age and over 326 deaths as compared with 644. The death rate for the first seven weeks of the year was 12.87 per one thousand of the population, as compared with 21.25 in the corresponding period of 1920. The infant mortality rate based on one thousand births reported from January 1st to date was 79, as compared with 109 in the corresponding period of 1920, a saving of the lives of 30 children out of every one thousand born during the seven weeks.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CARRIERS.—Bloomfield, A. L. The mechanism of the carrier state, with special reference to carriers of Friedlander's bacillus. (Johns Hopkins Hospital Bulletin, Jan., 1921. pp. 10-13, tables.)

DIPHTHERIA.—Hewat, A. M. Some problems regarding diphtheria carriers. (Med. Officer, Jan. 15, 1921. pp. 25-26.)

FOOD POISONING.—Savage, W. G. Food poisoning and food infections. 1920. 247 pp. 615.94Sa9

HOSPITALS.—Banker, C. E., and H. G. MacAdam. The origin and development of hospitals in New York City. (N. Y. City, Health Dept. of, Monthly Bull., Jan., 1921. pp. 8-13.)

INFANT MORTALITY.—Findlay, Leonard. How to reduce infant mortality: an intelligent campaign. (Maternity and Child Welfare, Jan., 1921. pp. 3-7, charts.)

MEDICINE.—Sedgwick, W. T. Modern medicine and the public health. (U. S. Public Health Service. Public Health Reports, Jan. 28, 1921. pp. 109-116.)

MENINGITIS.—Neal, J. B. Influenzal meningitis. Arch. Pediat., Jan., 1921. pp. 1-10, tables.)

MIDWIVES.—Foote, John. Wise women, or otherwise. (Mother and Child, Feb., 1921. pp. 65-69.)

NURSING.—Goldwater, S. S. Publicity and progress in nursing education. (Mod. Med., Feb., 1921. pp. 105-107.)

PUBLIC HEALTH.—Armstrong, D. B., and E. B. Armstrong. The public health movement in the light of modern psychology. (Mod. Med., Dec., 1920, pp. 810-813, Jan., 1921. pp. 57-60.)

SHOES.—Bradford, E. H. What shoes for nurses? (Mod. Hosp., Feb., 1921. pp. 155-156, illus.)

SWIMMING POOLS.—Weston, R. S. Combined open air swimming pool and hockey rink at Milton, Mass. (Am. City, Feb., 1921. pp. 119-120, illus.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000;. Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Nov. 20	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5	Feb. 12
Total deaths	1168	1232	1280	1144	1268	1208	1186	1409	1396	1364	1490	1434	1467
Annual Death Rate	9.91	10 47	10.87	9 72	10.77	10 26	11 52	11.71	11.60	11 34	13.51	13.00	13.30
*Acute Infectious Diseases	41	34	53	44	54	41	59	47	54	50	60	68	75
Pul. Tuberculosis..	97	114	100	88	125	93	99	119	101	100	109	96	88
Influenza	5	5	8	9	11	8	13	9	15	12	10	10	9
Lobar Pneumonia..	65	70	81	64	90	81	110	146	118	107	107	117	104
Broncho Pneum...	50	59	70	56	62	61	76	80	83	85	86	72	99
**Violent Deaths ...	97	82	78	66	76	78	88	97	61	90	70	91	68
Deaths under 1 year.	154	168	187	160	163	202	186	184	183	218	217	213	209
Rates per 1,000 births	60 5	65.2	73 5	62 9	64 1	79.5	73.5	72.5	72 0	88 9	85.3	83.8	82.5
Deaths under 5 years	229	248	270	221	247	277	287	281	280	314	318	320	339
" 5-65 years....	654	690	709	659	749	649	755	789	740	752	834	794	802
" 65 years and over	283	294	301	264	272	282	344	339	326	298	338	320	326

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	262	149	261	265	218	218	198	271	171	190	307	200	172
Diphtheria	381	377	378	449	408	329	416	5 8	479	480	460	465	506
Measles	62	89	65	84	65	48	74	86	99	88	108	187	101
Scarlet Fever	176	196	214	273	292	255	312	497	522	536	550	516	558
Chickenpox	112	147	180	213	209	104	199	278	324	242	311	292	312
Influenza	22	55	51	43	67	29	64	184	78	84	72	59	84
Pneumonias	269	294	356	376	306	295	261	510	341	335	390	342	391
Typhoid Fever	28	14	22	24	12	9	1	11	8	8	11	12	3
Whooping Cough ...	56	86	79	70	74	83	58	95	89	91	97	99	115
Syphilis	358	306	448	256	331	286	183	416	337	340	463	238	238
Gonorrhoea	45	49	67	95	68	65	68	64	49	71	90	78	54
Poliomyelitis	3	2	3		2	1			1	1	..	1	2
Cerebro-spinal Meningitis	5	6	5	6	3	6	8	4	9	7	4	6	3
Total	1779	1760	2114	2254	2055	1717	1887	2879	2507	2548	2863	3495	2589

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, February 12, 1921.

Boroughs	Population U.S.Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	1563	692	668	966	792	48	35.75	15.86	15.19
The Bronx	732,016	778,528	402	165	158	272	119	15	28.13	11.06	10.59
Brooklyn	2,022,262	2,082,203	1194	482	510	893	293	49	30.50	12.08	12.78
Queens	466,811	495,050	249	94	107	182	55	10	27.28	9.91	11.28
Richmond.....	115,959	120,592	105	34	29	45	11	2	46.62	14.71	12.55
City of New York.	5,621,151	5,758,151	3513	1467	1467	2358	1270	124	32.35	13.30	

*Corrected by redistributing deaths according to borough of residence.

During the first seven weeks of this year there were 9,946 deaths, a rate of 12.87 per 1,000 population. During the corresponding weeks of ast year there were 16,163 deaths, a rate of 21.25 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia.	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	36	40	1	3	4	42	49	13	12	9	2	27	110	176	379	137
The Bronx	3	20	..	2	..	21	7	2	2	4	..	3	17	29	105	31
Brooklyn	28	15	1	3	6	35	35	8	7	5	2	24	64	104	250	128
Queens	4	8	..	1	1	5	5	1	1	2	1	3	15	23	51	20
Richmond	2	5	..	..	..	1	3	..	..	..	..	1	3	7	17	10
Total	73	88	2	9	11	104	99	24	22	20	5	58	209	339	802	326

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	105	96.9	11	10.2	4	7	167	30.0	12	2.1	22	3.9
The Bronx	19	67.7	1	3.6	..	1	24	25.8	2	1.5	4	3.0
Brooklyn	66	70.5	5	5.3	2	3	107	23.0	7	1.5	19	4.1
Queens	16	88.6	1	5.5	.	1	24	25.8	1	1.1	3	3.3
Richmond	3	39.6	..	..	.	..	7	32.9	..	..	2	9.4
City of New York.	209	82.5	18	7.1	6	12	339	26.7	22	1.7	50	3.9

During the first seven weeks of this year 1,405 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 1,938 died, a rate of 109. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 2-5-'21..	153	140	22	51	127	93	1	43	18	7	3	6	..	..	..	62	22	560	199	1507
Admitted ...	49	58	7	31	33	38	..	9	9	4	..	..	..	..	..	29	1	15	16	299
Discharged ..	20	29	9	41	18	30	..	13	9	3	..	2	..	..	..	..	1	16	18	199
Died	4	12	..	2	1	6	..	4	..	..	1	..	..	..	..	..	..	..	1	31
Rem'g 2-12-'21.	178	157	20	39	146	95	1	35	18	8	2	4	..	..	..	91	22	559	201	1576
Total treated	202	198	29	82	160	131	1	52	27	11	3	6	..	..	..	91	23	575	215	1806

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,467	3,513	754	718	209	61	69	339	68	75	258	401	326
1. Typhoid Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	57	2	2	..	2	2	4	..	..	..	..	..
6. Scarlet Fever	20	2	8	12	..	5	5	10	7	2	1	..	..
7. Whooping Cough	7	25	4	3	4	2	..	6	1	..	..	..	..
8. Diphtheria	42	43	15	27	2	10	18	30	8	1	1	1	1
9. Influenza	9	731	4	5	1	..	1	2	..	..	3	..	4
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	4	6	2	2	1	..	1	2	..	..	..	1	1
13. Pulmonary Tuberculosis	88	177	51	37	1	..	..	1	1	23	33	18	7
14. Tbc. Meningitis	9	14	6	3	..	1	2	3	4	1	1	..	..
15. Other forms Tbc.	12	5	4	8	1	..	..	1	4	1	2	4	..
16. Cancer, Malignant Tumor	121	117	57	64	..	..	..	..	2	1	17	62	39
17. Simple Meningitis	..	11	..	..	..	..	..		..	..	..	..	..
17a. Cerebro-spinal Meningitis	2	4	..	2	..	1	1	2	..	..	..	..	..
18. Apoplexy, Softening of the Brain	24	29	14	10	1	..	..	1	..	..	1	11	11
19. Organic Heart Diseases	264	383	136	128	..	..	5	5	8	5	35	94	117
20. Acute Bronchitis	11	57	6	5	3	4	1	8	..	..	..	..	3
21. Chronic Bronchitis	3	12	3	..	..	1	..	1	..	..	..	1	1
22. Lobar Pneumonia	104	571	46	58	8	5	5	18	2	5	31	35	13
22a. Broncho Pneumonia	99	494	56	43	42	17	11	70	3	2	4	10	10
23. Other Respiratory Diseases	11	2	3	8	3	2	2	7	..	..	..	2	2
24. Diseases of the Stomach (Cancer excepted	10	6	4	6	1	..	..	1	..	1	2	1	5
25. Diarrhoeal Diseases (under 5 years)	22	43	16	6	18	3	1	22	..	..	..	..	..
26. Appendicitis and Typhilitis	12	15	5	7	..	..	1	1	2	2	3	4	..
27. Hernia. Intestinal Obstruction	16	13	5	11	4	..	..	4	..	..	3	4	5
28. Cirrhosis of Liver	10	12	3	2	..	..	..	..	..	1	1	7	1
29. Bright's Disease & Nephritis	89	168	39	50	1	..	2	3	..	2	12	41	31
30. Diseases of Women (not Cancer)	9	3	..	9	..	..	..	..	..	1	5	3	..
31. Puerperal Septicaemia	6	4	..	6	..	..	..	..	..	4	2	..	..
32. Other Puerperal Diseases	11	4	..	11	..	..	..	..	..	4	7	..	..
33. Congenital Debility, and Malformations	92	90	58	34	89	..	2	91	1	..	..	..	..
34. Old Age	7	13	3	4	..	..	..	..	..	..	..	..	7
35. Violent Deaths	63	68	46	17	2	3	3	8	5	7	22	12	9
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	58	64	42	16	1	3	3	7	5	7	18	12	9
c. Homicide	5	4	4	1	1	..	..	1	..	..	4	..	..
36. Suicide	20	11	15	5	..	..	..	..	..	2	11	7	..
*37. All other causes	258	297	134	124	25	5	6	36	20	10	51	83	58
38. Ill-defined causes	7	3	4	3	2	..	..	2	..	..	5	..	..

Deaths in Institutions,	600	Mean temperature,	36.6 deg. Fahr.
Mean barometer	29.79	Maximum temperature,	45.0 deg. Fahr.
Mean humidity,	70.4	Minimum temperature,	28.0 deg. Fahr
Precipitation,	.96	Snow,	Trace

†If the deaths under one month, numbering 109 from all causes, be deducted from the total deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 9, Diabetes, 21, Alcoholism 5, Locomotor Ataxia 1, Paresis 5, Arterio-sclerosis 50, all other congenital causes 11

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 125 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. FEBRUARY 26, 1921. No. 9.

THE DANGER FROM IMMIGRANT CARRIERS OF LICE.

With the return of the tide of European immigration, we find ourselves face to face with the special danger from the post-bellum infectious diseases prevalent in Central Europe, a danger against which Commissioner Copeland previously issued repeated warnings and took special measures to deal with.

As all physicians have read, a number of cases of typhus fever have recently reached this port, and three apparently sporadic cases have been reported in the City within the last ten days. Since lice are recognized as the means of transference of the infection, it becomes of paramount importance to prevent all importations of such vermin on the persons of travelers from the European areas in question.

Since we have long had national laws and maintained organizations intended to sift the dangerous and undesirable from the immigrants reaching our shores, it would seem that we had the right to expect that effective measures would long since have been devised to exclude that most anciently known parasite, even if on none other than sociologic grounds, since no one would expect that an adult so filthy as to voluntarily permit lice to breed upon his person, was fit for admission to a civilized country. Lice may be spice to the monkey but they are certainly wormwood to his progressive relation!

As the reader knows, through newspaper articles, many immigrants passed by our immigration service have been found by inspectors of the Department of Health to be louse-infected, and as many of these same immigrants came from the European areas in question, the danger of the dissemination of typhus through such vermin is undeniable.

As we know that lice spread very rapidly among all classes of people, when in crowded insanitary quarters, such as the steerages of many vessels, and probably also in congested immigrant inspection depots, it is absolutely necessary for steamship authorities and immigration inspection services to co-operate in applying simple and well-known measures to prevent all importation of such parasites. If the public authorities should prove remiss in such a comparatively simple question, our people would be apt to exclaim, with the townsfolk of Hamlin, according to the famous ditty of the Pied Piper, "To think we buy gowns lined with ermine for dolts who can't or won't determine what's best to rid us of our vermin!"

Digitized by Google

RECENT CASES OF TYPHUS.

Diagnosis in the Cases of Five Typhus Suspects from the S. S. President Wilson, in From Trieste, Austria.

The "President Wilson" left Trieste on January 15th and arrived in this port on February 1. Trieste is not a typhus infected port. As nearly as one can determine, these four patients had been sick about five days on February 1st, when they were removed to the Long Island College Hospital. They passed the ship's doctor, the doctors at Quarantine, and the doctors connected with the Emigration Bureau at Ellis Island, supposedly suffering from pneumonia. On February 3, the Chief Diagnostician of the Department of Health, Dr. W. L. Somerset, saw the patients and made the following report:

Case I. J. W., male, 35 years old. This patient has a temperature of 104 F. which he has had without material variation since admission. He is and has been in a semi-comatose condition, from which he can be but partially aroused. He cannot answer questions. His conjunctivae are markedly injected, and he presents on chests, abdomen, and back a macular, fading, purpuric eruption. As to the presence or absence of headache, it is impossible to determine. I think this man has been sick longer than five days, that is, that he was sick for several days before the ship's doctor was aware of his condition. The Long Island College Hospital laboratory obtained a positive Weil-Felix reaction. I consider a positive diagnosis of typhus fever justified.

Case II. I. K., male, 1 years old. Temperature 102 F., slight congestion of mucous membranes. No rash, no stupor, no headache. With this case, there is also a history of five days illness on board. Long Island College Hospital laboratory obtained in this case also, a positive Weil-Felix reaction. Clinically, this is not a case of typhus fever.

Case III. A. E., male, 27 years old. This patient has a temperature of 102 F., and says that he was sick about seven days before entering hospital. No congestion of mucous membranes. No stupor, no headache; only thing patient complains of is hunger. Felix-Weil, negative. Diagnosis: Not typhus fever.

Case IV.—Y. W., female, 31 years old. Temperature 98 F., gives history of five days illness. Since admission, temperature has been as high as 102 F. Mucous membranes normal; skin normal; no headache. Felix-Weil, negative. Diagnosis: Not typhus fever.

Of these four patients, cases I and II show evidence of having been carriers of vermin. The authorities of the Long Island College Hospital feel justified in making a positive diagnosis of typhus fever in cases I and II.

Case V. A. C., male, 23 years old, from S. S. President Wilson, was removed from Harlem Hospital to Willard Parker Hospital on the evening of February 4th, 1921, as a case of typhus fever, of from four to five days' duration.

Mr. C. presented, on February 5th, a temperature of 104 F., mild delirium; well marked congestion of mucous membranes; pulse of 80; and a well marked morbilliform erythema, distributed on back, chest and abdomen, and beginning eruption on extremities. Petechiae are beginning to appear. Weil-Felix test was positive in high dilution (1 to 500).

Mr. C. arrived February 1st and had been living at 2414 First Avenue, Manhattan.

Another Apparently Sporadic Case in the City.

B. B., male 33 years old, a presser by trade, living on Boston Road, Borough of the Bronx, entered Fordham Hospital on February 9, where he was at first supposed to be suffering from typhoid fever. The diagnosis was later changed, as the patient developed all the symptoms of typhus, as will be seen in the

Digitized by Google

following report of the Department of Health's Chief Diagnostician, Dr. W. L. Somerset.

"I saw Mr. B. in Fordham Hospital, on the afternoon of February 16th. He presented, in a typical manner, all signs and symptoms of typhus fever. Face and mucous membranes congested; characteristic fading purpuric eruption on trunk and proximal extremities; enlarged spleen; temperature down to 99 F., on the fourteenth day, having dropped from 103 F., on the twelfth day. Mr. B. presented no evidence of vermin, and, so far as is known, has come in contact with no recent immigrants. He has lived ten years in the United States. He is employed as a presser by a dress company of West 18th Street, Manhattan."

INFECTED AREAS ABROAD.

At a meeting of the Board of Health of the Department of Health held February 16th, 1921, the following declaration was made:

WHEREAS, The Board of Health having taken and filed among its records what it deems sufficient proof to warrant its declaration that pestilential, contagious, and infectious diseases actually exist in European, African and Asiatic countries, cities and ports.

DOES HEREBY DECLARE the following countries, cities, and ports to be infected places for the purposes and within the meaning of Article 18, Sections 351, 352, 354 and 355 of the Sanitary Code of the Board of Health of the Department of Health of the City of New York, to wit:

All ports in Asia, including those of the Straits Settlements, Japan, Philippine Islands, and the Malay Archipelago.

All ports in Africa, including the Azores, Canary Islands, Cape Verde Islands and Madeira.

All ports in South America.

All Mediterranean ports and the ports of Trieste and Constantinople.

All southern and eastern Baltic ports.

Gulf of Mexico ports as follows: Vera Cruz and Tampico, Mexico; New Orleans, Louisiana; Pensacola, Florida; Galveston, Beaumont, Sabine Orange, Point Neches and Port Arthur, Texas.

A true copy.

CHARLES L. KOHLER, *Secretary.*

HEALTH MASS MEETINGS TO CONTROL CANCER.

BOROUGH OF MANHATTAN.

Washington Irving High School, Irving Place, 16th and 17th Streets, 8 p. m., March 10, 1921.

1 Cancer and Its Prevention and Cure from the Surgeon's Standpoint.

Dr. William Seaman Bainbridge, Professor of Surgery, N. Y. Polyclinic Medical School and Hospital, Chief Surgeon N. Y. City Children's Hospitals, etc. Honorary President of the First International Congress for the Study of Tumors and Cancers. Consulting Surgeon Third Naval District on active duty.

2 Cancer and Its Effect on the Public Health.

Dr. Royal S. Copeland, President Board of Health, and Commissioner of Health.

3. The Treatment of Cancer by Radium.

Dr. George Stuart Willis, Associate Surgeon and Director of the Radium Department of the New York Post Graduate Hospital.

Digitized by Google

BOROUGH OF BROOKLYN.

Erasmus Hall High School, Flatbush Avenue, near Church Avenue

8 p. m., March 7, 1921.

1 The Need for Early Recognition and Treatment of Cancer from the Surgeon's Standpoint.

Dr. William Francis Campbell, ex-President of the New York State Medical Society. Lecturer for the American Society for the Control of Cancer.

2 Cancer and Its Effect on Public Health.

Dr. Royal S. Copeland, President, Board of Health, and Commissioner of Health.

3 The Treatment of Cancer by Radium.

Dr. T. D. Boulanger.

DIPHTHERIA PREVENTION WORK IN PRIVATE SCHOOLS.

The Director, Bureau of Preventable Diseases,
Department of Health, New York City.

Dear Sir:—In last week's "Weekly Bulletin" of the Department of Health. I note an appeal to the physicians of the City to further the campaign for protection against diphtheria. It has occurred to me that you might be interested in the enclosed copy of a circular letter, 1,300 copies of which were distributed last week to the parents of the children of the Horace Mann Schools. The authorities of another private school are this week distributing the same letter to the parents of their children, and the school physicians of two other private schools, two of the largest in the city, have asked permission to use parts or the whole of the letter for distribution in a similar manner to the parents of their children.

At the Horace Mann School, at 120th Street, there has been a very considerable response to the letter already, and it is believed that a large proportion of the children will eventually be tested, either in the school or by their private physicians.

Very truly yours,

PHILIP MOEN STIMSON,
School Physician, The Horace Mann Schools,
Asst. Att. Physician, Willard Parker Hospital.

January 19, 1921.

HORACE MANN SCHOOL
TEACHERS COLLEGE
NEW YORK

January 11, 1921.

To the Patrons of the Horace Mann School:—

We think that you may be interested to avail yourself of the latest information concerning protection from diphtheria. While we have no cases of this disease in the school at the present time, it is always our policy to keep patrons informed upon all matters that will result in the better health of their children. We trust, therefore, that you will read the following carefully.

When in 1895 diphtheria antitoxin first came into general use as a cure and prevention, it was thought that the disease had been robbed of its terrors. The use of the antitoxin did cut the loss of life from diphtheria to about one-fourth the former amount, but there still occur over 12,000 cases each year among the school children of New York City, and about one-tenth of these cases, or over 1,200, end in death. The disease is still a great menace, therefore, to the health and even to the lives of the children.

It has been discovered by means of a new test, called the Schick Test, that certain children are quite immune to diphtheria and cannot catch it, while others are quite susceptible to the infection. In fact, three-fifths of all children between the ages of 6 months and three years are susceptible, the figures for the different ages being as follows:

Age.	Susceptible.
Under 3 months	15%
3 to 6 months	30%
6 months to 1 year	60%
1 to 2 years	60%
2 to 3 years	60%
3 to 5 years	40%
5 to 10 years	30%
10 to 20 years	20%
Over 20 years	12%

The test consists of injecting a tiny drop of prepared liquid into (not under) the skin, usually at a point just below the inside of the elbow. This drop usually has no effect on those who are immune to the disease, but when the person is susceptible to infection by diphtheria, the injection

Digitized by Google

of the drop is followed in about 48 hours by redness, with a brownish color at the site of the injection. The actual injection is practically painless, and afterward nothing is felt except possibly a slight itching at the site. There is no scar formation or other permanent mark left by the test, even when positive.

The information obtained from the test is valuable in several ways: First, it is not necessary to quarantine or to give antitoxin to children with negative Schick reactions who have been exposed to diphtheria; second, it is possible to tell by means of repeated tests whether immunity can be produced artificially in a child, and this has been found to be the case.

It is known that while the administration of antitoxin to a child exposed to diphtheria will protect it within a few hours, this produced immunity will disappear in less than three weeks. It has recently been found, however, that the administration of a prepartion known as toxin antitoxin will give protection or immunity which reaches full effect in two or three months and lasts for years, possibly a life-time. One injection brings protection to about 75% of susceptible or Schick-positive people, while three injections at intervals of a week, the usual way of giving it, bring protection to 95%. This protection is determined by repeating the Schick test two or three months after the administration of the toxin-antitoxin. An attack of the disease itself usually protects for only a few months at most.

There usually is some local and constitutional reaction to the toxin-antitoxin administration, similar to the reaction to typhoid vaccine but of less severity. The infant shows in the great majority of cases neither a local nor a constitutional reaction, while grown-up children and adults in perhaps 30% of the cases exhibit considerable local swelling and more or less definite constitutional disturbance. Within 24 to 72 hours, all disturbance is over and no lasting deleterious results occur. Children of the ages between one and ten years vary in the amount of reaction according to their age, the youngest showing the least and the oldest the most.

It is extremely important that all parents consider very seriously this subject of the protection of their children against diphtheria. Children who are shown to be immune by the Schick test, or who have been immunized as by the administration of toxin-antitoxin, will be the only exposed children allowed to continue in school should there be exposure of the school to diphtheria.

Accordingly, parents are urged to take up this matter with their family physicians. For those who have no regular doctors, the school is prepared to give the Schick test by appointment.

Very truly yours,

PHILIP M. STIMSON, M. D., School Physician.

HENRY C. PEARSON, Principal.

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 19, 1921.

The death rate for the week just closed was 13.59 as compared with 22.84 for the corresponding week of 1920. This difference of 9.25 in the rate is equivalent to a saving of 1,020 lives. The high mortality of the week ending February 21 last year was due to the epidemic of influenza which not only increased the mortality from this disease, but likewise the mortality of the acute respiratory diseases. Three hundred and sixty deaths were reported from influenza during that week as compared with 10 during the past week; 627 deaths were reported from both forms of pneumonia, while but 202 were reported from this cause during the past week. The following other diseases caused fewer deaths during the week than during the corresponding week of last year:

Measles	Bronchitis	Diarrhoeal Diseases
Whooping Cough	Diphtheria	Bright's Disease

Tuberculosis—All forms.

Eleven deaths were reported from encephalitis lethargica and one from typhus. Notwithstanding the presence of typhus fever and encephalitis lethargica the mortality of the week indicates that the health of the residents of the City is good and while the presence of these diseases calls for vigilance on the part not only of the health officials of the City but also on the part of the residents, there is no need for alarm. While we know little of the means by which encephalitis is transmitted, we do know that though it is a communicable disease it is not highly contagious and that by observing ordinary precautions one is not apt to become affected. Typhus fever is a filth disease and the cleanly need have no fear of it.

Though all ages shared in the saving of life during the past week, the greatest saving of life was amongst the adults of the population.

Sixty-six deaths were reported during the week from accidents; 23 of these resulting from street accidents of various kinds; 17 from falls, 9 from gas poisoning and 6 from burns. These seemingly preventable deaths continue to outnumber the deaths from all the contagious diseases combined. The infant death rate of last week was 80 against 115 for the corresponding period of 1920. The death rate for the first 8 weeks of 1921 is 12.97 as compared with 21.46 during the corresponding week of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ENCEPHALITIS.—Pedigree of epidemic encephalitis [editorial]. (Med. Rec., Feb. 12, 1921. p. 272.)

FATIGUE.—McNulty, John. Fatigue—endocrine weariness. (N. Y. Med. J., Feb., 1921. pp. 288-290.)

GAS POISONING.—Spicer, F. W. The relation of chronic gas poisoning—warfare—of the lungs to pulmonary tuberculosis. (Med. Ins. and Health Conservation, Jan., 1921. pp. 141-143.)

MEDICINE.—Leonard, V. N. The significance of group practice in its relation to the profession and to the community. (A. M. A. Jour., Feb. 12, 1921. pp. 421-426.)

NURSING.—Smith, M. J. Why a national organization for public health nursing? (Pub. Health Nurse, Feb., 1921. pp. 98-100.)

NURSING.—Wright, F. S. The development and present scope of industrial nursing in the United States. (Internat. J. Pub. Health, Jan.-Feb., 1921. pp. 43-49.)

PUBLIC HEALTH.—Westergaard, Harald. Public health before and after the war. (Internat. J. Pub. Health, Jan.-Feb., 1921. pp. 19-23.)

SCHICK TEST.—Zingher, Abraham. Practical applications and uses of the Schick test. (N. Y. State, Health Dept. of, Health News, Jan., 1921. pp. 4-11.)

SOCIAL HYGIENE.—Eliot, C. W. Present and future social hygiene in America. (Internat. J. Pub. Health, Jan.-Feb., 1921. pp. 24-27.)

TUBERCULOSIS.—Shiga, X. Early treatment and protective inoculation in tuberculosis. (Internat. J. Pub. Health, Jan.-Feb., 1921. pp. 34-42, tables.)

TUBERCULOSIS.—Winslow, C., A. E. and Leonard Greenburg. Industrial tuberculosis and the control of the factory dust problem. (J. Ind. Hyg., Jan., 1921. pp. 333-343; Feb., 1921. pp. 378-395, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Nov. 27	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5	Feb 12	Feb. 19
Total deaths	1282	1280	1144	1268	1208	1386	1409	1396	1364	1490	1434	1467	1498
Annual Death Rate	10 47	10.8	9 72	10.77	10 26	11 52	11.71	11.60	11 34	12.51	12.00	12.30	12.59
*Acute Infectious Diseases	84	58	44	54	41	59	47	54	50	60	68	75	69
Pul. Tuberculosis..	114	100	86	125	93	99	119	10.	100	109	96	88	117
Influenza	5	8	9	11	8	13	9	15	14	10	10	9	10
Lobar Pneumonia..	70	81	64	90	81	110	146	118	107	107	117	104	115
Broncho Pneum...	59	70	56	62	61	76	90	88	85	86	72	99	87
**Violent Deaths ...	82	78	66	76	78	88	97	61	90	70	91	68	72
Deaths under 1 year.	168	187	160	168	202	186	184	188	218	217	218	209	234
Rates per 1,000 births	65.2	73 5	62 9	64 1	79.5	73.5	72.5	72 0	88 9	85.3	83.8	82.5	88.4
Deaths under 5 years	248	270	221	247	277	287	281	280	314	318	320	339	340
" 5-65 years....	690	709	659	749	649	755	789	760	752	834	794	802	836
" 65 years and over	294	301	264	272	282	344	339	326	298	338	320	326	332

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	149	261	265	218	218	198	271	171	190	307	200	172	291
Diphtheria	377	373	449	408	329	416	5 3	479	480	460	465	506	672
Measles	39	65	84	66	48	74	86	99	88	108	187	101	282
Scarlet Fever	196	214	278	292	255	312	497	522	536	550	516	558	675
Chickenpox	147	180	218	209	104	199	278	324	242	311	292	312	361
Influenza	55	51	43	67	29	64	184	78	84	72	59	84	109
Pneumonias	294	356	316	306	285	261	510	341	335	390	342	391	673
Typhoid Fever	14	22	24	12	9	1	11	8	8	11	12	3	5
Whooping Cough ...	86	79	70	74	86	53	95	89	91	97	99	115	167
Syphilis	306	448	256	331	286	183	416	337	390	463	238	238	406
Gonorrhoea	49	67	95	68	65	63	64	49	71	90	78	54	99
Poliomyelitis	2	3		2	1			1	1	..	1	2	4
Cerebro-spinal Meningitis	6	5	6	3	5	8	4	9	7	4	6	3	7
Total	1700	2114	2254	2055	1717	1887	2879	2507	2643	2963	2495	2589	3701

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, February 19, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	1061	664	636	1292	869	55	24.26	15.22	14.58
The Bronx	732,016	778,528	290	171	174	378	70	15	20.24	11.46	11.66
Brooklyn	2,022,262	2,082,208	901	515	540	1063	264	42	28.02	12.90	13.53
Queens	466,811	496,050	163	95	110	200	14	5	17.86	10.01	11.59
Richmond	115,959	120,592	65	53	38	48	12	4	28.86	22.98	16.44
City of New York.	5,621,151	5,758,151	2480	1498	1498	2976	1229	121	22.84	13.59	

*Corrected by redistributing deaths according to borough of residence.

During the first eight weeks of this year there were 11,444 deaths, a rate of 12.97 per 1,000 population. During the corresponding weeks of last year there were 18,643 deaths, a rate of 21.46 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	25	45	3	2	4	52	44	9	9	8	5	39	112	173	366	125
The Bronx	8	23	1	1	..	17	11	..	..	2	..	2	17	24	109	38
Brooklyn	20	21	8	3	14	37	24	10	10	1	..	21	74	115	268	132
Queens	5	7	..	3	..	9	5	1	1	1	1	3	13	18	51	26
Richmond	2	21	3	1	..	..	3	..	..	1	..	1	8	10	32	11
Total	60	117	7	10	18	115	87	20	20	13	6	66	224	340	826	332

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	103	95.2	5	4.6	2	4	155	27.8	8	1.4	12	2.1
The Bronx	23	82.0	..	..	..	..	36	27.3	..	..	8	6.1
Brooklyn	77	82.2	10	10.7	3	6	120	25.8	11	2.4	14	3.0
Queens	13	71.9	1	5.5	.	1	19	20.4	1	1.1	4	4.3
Richmond	8	151.1	..	..	.	..	10	47.1	..	..	2	9.4
City of New York.	224	88.4	16	6.3	5	11	340	26.8	20	1.6	40	3.1

During the first eight weeks of this year 1,629 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 2,347 died, a rate of 115. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 2-12-'21.	178	157	20	39	146	95	1	35	19	8	2	4	..	..	..	95	22	559	201	1580
Admitted ...	47	57	11	33	22	36	3	3	3	3	2	3	..	..	..	25	..	15	17	280
Discharged ..	30	30	5	34	24	25	..	14	3	1	3	5	..	..	..	16	3	23	11	227
Died	5	9	..	2	2	6	..	1	..	1	..	..	..	..	..	1	..	..	2	29
Rem'g 2-19-'21.	190	175	26	36	142	100	4	23	18	9	1	2	..	..	..	103	19	551	205	1604
Total treated	225	214	31	72	168	131	4	37	21	11	4	7	..	..	..	120	22	574	218	1860

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15.	15-25.	25-45.	45-65.	65 and Over.
All causes	1,498	2,480	764	734	224	60	56	340	74	90	253	409	332
1. Typhoid Fever	2	2	..	2	..	..	..	..	2	..	..	..	..
2. Typhus Fever	1	..	1	..	..	..	..	..	..	1	..	..	..
5. Measles	3	47	3	..	1	..	..	1	2	..	..	..	..
6. Scarlet Fever	16	7	5	11	..	1	8	9	5	1	1	..	..
7. Whooping Cough	8	24	2	6	5	..	2	7	1	..	..	..	..
8. Diphtheria	33	36	21	12	2	9	12	23	10	..	..	..	..
9. Influenza	10	360	5	5	4	..	..	4	..	1	2	3	..
Poliomyelitis	1	1	..	1	..	..	1	1	..	..	..	..	..
12. Other Epidemic Diseases	6	7	4	2	6	..	..	6	..	..	..	..	..
13. Pulmonary Tuberculosis	117	180	71	46	..	2	2	4	2	31	49	30	1
14. Tbc. Meningitis	9	14	3	6	3	..	3	6	..	2	1	..	..
15. Other forms Tbc.	6	11	3	3	..	..	..	..	..	1	5	..	..
16. Cancer, Malignant Tumor	96	93	42	54	1	..	..	1	1	2	16	50	26
17. Simple Meningitis	3	9	1	2	1	..	..	1	..	1	..	1	..
17a. Cerebro-spinal Meningitis	7	5	5	2	2	..	1	3	4	..	..	..	..
18. Apoplexy, Softening of the Brain	27	22	8	19	2	..	..	2	..	1	..	10	14
19. Organic Heart Diseases	292	268	125	167	..	1	3	4	13	13	28	113	121
20. Acute Bronchitis	18	42	7	11	7	5	1	13	..	..	..	1	4
21. Chronic Bronchitis	5	4	1	4	..	..	..	..	..	..	1	..	4
22. Lobar Pneumonia	115	294	61	54	15	14	5	34	7	4	21	30	19
22a. Broncho Pneumonia	87	333	51	36	35	18	3	56	5	1	3	10	12
23. Other Respiratory Diseases	17	18	9	8	3	2	1	6	..	..	2	7	2
24. Diseases of the Stomach (Cancer excepted)	11	8	6	5	..	..	1	1	..	3	2	4	1
25. Diarrhoeal Diseases (under 5 years)	20	30	14	6	16	2	2	20	..	..	..	..	..
26. Appendicitis and Typhilitis	16	13	13	3	..	..	2	2	1	3	4	6	..
27. Hernia, Intestinal Obstruction	18	17	8	10	3	..	..	3	..	..	1	7	7
28. Cirrhosis of Liver	11	8	4	7	..	..	..	..	..	..	1	6	4
29. Bright's Disease & Nephritis	87	126	56	31	..	..	2	2	3	..	10	34	38
30. Diseases of Women (not Cancer)	8	4	..	8	..	..	..	..	..	..	7	1	..
31. Puerperal Septicaemia	4	4	..	4	..	..	..	..	..	2	2	..	..
32. Other Puerperal Diseases	17	9	..	17	..	..	..	..	..	2	15	..	..
33. Congenital Debility, and Malformations	94	112	49	45	93	..	1	94	..	..	..	..	..
34. Old Age	3	9	1	2	..	..	..	..	..	..	..	..	3
35. Violent Deaths	72	57	51	21	2	3	2	7	7	4	24	21	9
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	66	53	46	20	2	3	2	7	7	3	20	21	8
c. Homicide	6	4	5	1	..	..	..	..	..	1	4	..	1
36. Suicide	13	15	10	3	..	..	..	..	..	2	4	7	..
*37. All other causes	239	300	120	119	22	2	4	28	11	15	51	67	67
38. Ill-defined causes	6	1	4	2	1	1	..	2	..	..	3	1	..

Deaths in Institutions,	630	Mean temperature,	38.6 deg. Fahr.
Mean barometer,	30.0	Maximum temperature,	62.0 deg. Fahr.
Mean humidity,	52.0	Minimum temperature,	23.0 deg. Fahr.
Precipitation,	Trace		

†If the deaths under one month, numbering 118 from all causes, be deducted from the total deaths under one year, the resulting rate will be 42 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 5, Diabetes 20, Alcoholism 1, Locomotor Ataxia 1, Paresis 5, Arterio-sclerosis 59, all other congenital causes 10.

25a-2023-21-0

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MARCH 5, 1921. No. 10.

OUR TYPHUS PREVENTION WORK.

In the typhus prevention work of the Department of Health an elastic working force has been organized under the supervision and direction of the Deputy Commissioner, Dr. Frank J. Monaghan. This force of physicians, sanitary inspectors, nurses and patrolmen is so constituted that any part of the City may be covered at any time of the twenty-four hours.

A special station maintained at the Grand Central Station is used as the central unit. This particular station is fully supplied with everything necessary for examining incoming immigrants. Rooms have been supplied by the New York Central Company to house our staff, and a direct telephone communication has been established between this and the main office of the Department of Health.

At the main office there is, at all times, day and night, a sanitary inspector and police officer to receive all communications regarding typhus prevention work, and transmit the same where necessary.

A 39th Street Ferry Station is also maintained, and is open daily from 9 a. m. until 6 p. m. It is equipped with supplies to meet all emergencies. The station at 125th Street will be covered at such times as trains on the New Haven Railroad stop there.

Through the courtesy of the Pennsylvania Railroad, Dr. J. H. Brewster, we have been assigned rooms for the housing of such staff as we may find necessary to keep at its terminal, and rooms which may be used for examinations at any and all times.

During the past week, not only have these stations been covered, but the force has made numerous inspections of incoming vessels, both from infected ports and from other ports where persons from the infected countries of Central Europe might embark. These examinations have been made on board ship, painstakingly, and the results have fully justified all our endeavors to exclude typhus from the City of New York.

A statistical report covering the work of the past two weeks is attached hereto. From the results tabulated, anyone will understand the necessity and value of the work inaugurated by Commissioner Copeland.

In connection with this work, we wish to acknowledge the assistance given by Miss Virginia M. Murray, General Secretary of the New York Travelers' Aid

Digitized by Google

Society, who not only had offered the services of the workers connected with her organization, but also very particularly assisted by giving information of a train-load of immigrants who were coming from Philadelphia over the Jersey Central Railroad, without which information a large number of immigrants would probably have landed in the City without our knowledge.

SUMMARY OF TYPHUS INSPECTIONS.

From February 12 to February 20, 1921.

Place of Inspection.	No. Inspected.	Louse Infected.	Detained.	To Remain in City.	To Other Points.
39th Street Ferry	3359	85	85	950	544
Liberty Street Ferry	384	20	20		
Pennsylvania Station	224	35	35		
Grand Central Station	732	131	131		
S.S. "Celtic"	61	1	Cleaned and Released.		
S.S. "G. Peirce"	280	0	0		
S.S. "Mallory"	1228	0	0		
S.S. "Re d'Italia"	87	0	0		
	6355	272	271	...	...

All of the persons found to be louse-infected were sent to the Department of Health's Willard Parker Hospital for delousing, after which such as remain in the City are to be visited, every three days for twenty days, by medical inspectors, in order to detect any case of typhus which might develop among them.

TYPHOID FEVER IN NEW YORK CITY FOR THE QUARTER ENDING DECEMBER 31, 1920.

During the quarter in question, a total of 345 cases were reported, of which number 41 were subsequently dropped for lack of verification, giving a corrected total of 304 cases. In the corresponding quarter of 1919, 325 cases were reported and 34 dropped as "no cases," giving a corrected total of 291 cases. Eighty per cent of this quarter's (1920) cases were confirmed by laboratory examinations, as compared with 84 per cent in the corresponding quarter of 1919. In both quarters the great majority of such confirmations were made by the Widal test alone.

Thirty-eight typhoid deaths were reported in this quarter of 1920, as against 40 in the corresponding quarter of 1919.

In 35.5 per cent of the cases reported the probable mode of infection was ascertained, as compared to 35.7 per cent so traced in the corresponding quarter of 1919. During the past quarter six cases were traced to chronic carriers whose feces was proved to be positive for typhoid bacilli. Thirty-six cases were traced to contact with active cases. Sixty-four were probably due to out-of-town sources of infection; and 2 cases were traced to milk contamination—these milk cases belonging to the same group that were traced to contaminated milk in the previous quarter.

A total of 226 persons received three doses of typhoid vaccine, by Department of Health representatives; of these, 193 persons were exposed to typhoid cases and 33 persons were not exposed. In addition to these complete immunizations 74 persons received one or two doses each, 64 of these were exposed to typhoid, and 10 were not so exposed.

During the corresponding quarter, a total of 230 persons were immunized; of these, 195 persons were exposed to typhoid cases, and 35 were not exposed. Sixty-five per cent of the cases were removed to hospitals as against 58 per cent in the corresponding quarter of 1919.

Digitized by Google

Typhoid Fever—Quarter Ending December 31, 1919, and 1920.

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond.		City.	
	1919	1920	1919	1920	1919	1920	1919	1920	1919	1920	1919	1920
1 Total cases reported as typhoid.	182	141	30	34	86	127	16	31	11	12	325	345
a Number erroneously reported	22	24	4	6	8	10	0	1	0	0	34	41
b Corrected total of cases....	160	117	26	28	78	117	16	30	11	12	291	304
c Diagnosis confirmed by												
1 Widal	101	53	11	20	58	82	12	13	4	5	186	175
2 Blood culture	3	5	0	0	0	1	0	0	0	0	3	6
3 Stool	10	6	0	1	2	3	0	6	0	0	12	16
4 Widal and Stool	12	15	3	1	11	13	1	3	3	1	30	33
5 Widal and Blood Culture	14	11	2	4	0	1	0	0	0	0	16	16
6 Stool, Widal and Blood Culture	3	1	0	0	0	0	0	0	0	0	3	1
7. Operation	0	0	0	0	0	0	0	0	0	0	0	0
8 Autopsy	0	0	0	0	0	0	0	0	0	0	0	0
9. No confirmation	17	24	10	2	7	17	3	8	4	6	41	57
TOTAL	160	117	26	28	78	117	16	30	11	12	291	304
Percent confirmed	89	79	61	93	91	85	81	73	64	50	84	80
2 DEATHS	14	10	2	8	17	19	4	4	3	2	40	38
3 Percentage of cases in which probable mode of infection was traced	37	42.7	27	21.4	42.3	29	25	47	9.9	33	35.7	35.5
4 Probable modes of infection												
a Contact with active cases	7	11	1	1	12	20	2	3	0	1	22	36
b Contact with chronic carriers	1	3	0	1	2	0	0	2	0	0	3	6
TOTAL CONTACT CASES	8	14	1	2	14	20	2	5	0	1	25	42
c Flies	17	0	0	0	0	0	1	0	0	0	18	0
d Out-of-town infection	30	30	6	3	16	13	0	7	1	3	53	56
e Doubtful out-of-town infection	4	4	0	1	3	1	1	2	0	0	8	8
f Milk contamination	0	2	0	0	0	0	0	0	0	0	0	2
5 Immunization performed by Department (3 injections each)												
a Persons exposed to cases	129	124	8	3	41	39	12	18	5	9	195	193
b Persons not exposed to cases	27	31	0	2	3	0	0	0	5	0	35	33
TOTAL IMMUNIZATIONS COMPLETE	156	155	8	5	44	39	12	18	10	9	230	226
Incomplete injections exposed.		20		13		8		12		11		64
Incomplete injections not exposed		6		0		4		0		0		10
6 Patients treated at												
a Hospital	98	78	11	17	47	84	8	13	5	7	169	190
b At home	62	39	15	11	31	33	8	17	6	5	122	105
Percentage of cases treated at hospitals	61	66	57	61	60	72	50	42	46	71	58	65

EXTENSIVE INOCULATION OF A COMMUNITY DURING AN EPIDEMIC OF TYPHOID.

We quote extensively from an article by Romanes and Johnstone (*B. M. J.*, 18 1920) which details some very interesting and important experiences with typhoid vaccine used as a preventative:

Doubt can no longer exist concerning the incalculable value of antityphoid inoculation as a means of preventing typhoid fever in military communities. The published figures of the incidence of typhoid fever in all armies during the late war prove this point conclusively. In this case the inoculation has almost invariably been carried out under favourable circumstances and in the absence of an epidemic prevalence of the disease.

The question arises as to the value of inoculation as a means of protection—first, to the individual, and secondly, to the community as a whole—during an actual epidemic. The opportunities for the study of this subject on a scale large enough to give any reliable results have been few. It seems desirable, therefore, to place on record any evidence which will enable an opinion to be formed concerning inoculation under these circumstances.

The object of this paper is to put on record another similar case of compulsory inoculation which occurred in the winter 1918-19, shortly after the Armistice. On the arrival of the British Army of Occupation in Germany it was found that at Euskirchen, a town of 13,000 inhabitants, situated about twenty miles west of Bonn, there was a considerable outbreak of typhoid fever. It will be remembered that the German army had, during November and December, been beating a hasty and more or less disorganized retreat across the Rhine. Euskirchen was situated on one of the main roads of the retreat, and had been largely used as a billeting town, and it will be understood how cases of typhoid fever could arise and be overlooked until there was quite an unsuspected epidemic in the community.

In addition to the outbreak in Euskirchen itself, there were two other minor outbreaks in groups of surrounding villages. The three epidemics were probably not all interdependent. The second outbreak in the village of Gross Vernich was probably spread by water from Euskirchen,

Digitized by Google

the latter town being situated higher up the Erft stream and having no proper system of sewage disposal, and the former village being dependent to a certain extent for its water supply on this same stream.

The third epidemic, however, was probably of quite an independent origin, but is considered here, because the three were all coincident and gave similar results.

It is unnecessary to detail all the inquiries which were made to trace the origin of the epidemic —the water supply, the milk supply, butter, etc. All these points were investigated by one of us (A.R.) in conjunction with a German Kreisassistantarzt, Dr. Josef Basten. The investigations led to no definite conclusion. Most of the cases were probably of contact nature, and the original source of infection was not discovered.

1. Euskirchen.—On January 7th, 1919, orders were issued by the British military authorities for the compulsory inoculation of the civilians with British T.A.B. vaccine. An attempt had been made previously by the Kreisarzt to obtain a supply of German antityphoid vaccine from Berlin for voluntary inoculation, but circumstances rendered its delivery impossible.

T.A.B. vaccine contains in 1 c.c.m.—

B. typhosus	1,000 millions
B. paratyphosus A	500 millions
B. paratyphosus B	500 millions

The routine method in the British Army is to give two doses at intervals of ten days. It was decided that all persons between the ages of 6 and 45 years should be inoculated, with the exception of those certified by a doctor to be suffering from an ailment which contraindicated such treatment and of women three months before and two months after childbirth. The limit of 45 years was afterwards felt to be inadvisable, and when inoculation of the other districts was practiced, it was raised to 55.

The doses were graduated according to age—the first dose being as follows:

For persons between 6 and 10 years	¼ c.cm.
For persons between 11 and 17 years	½ c.cm.
For persons between 18 and 45 years	½ c.cm.

Instructions to the above effect were issued to the Kreisarzt, and at a meeting of German doctors which he convened a detailed scheme was planned on the lines of that followed at Ostend in 1915, when the Germans inoculated the inhabitants of that town. On January 7th, 1919, the Kreisarzt contributed an article to the local press in which he pointed out the value of inoculation against typhoid, and urged the people to volunteer to be inoculated as soon as the necessary arrangements could be made. Three days later a further notice appeared in the same paper to the following effect:

"The British military authorities have ordered the inoculation of the inhabitants of the town between the ages of 6 and 45 years. The inoculation will be done in two doses, with an interval of ten days between them. The following are exempt:

"(1) All persons suffering from a fever.

"(2) All persons with serious lung disease.

These are required to furnish a medical certificate to the police at 7, Bischofstrasse.

"Also exempted are women three months before and two months after childbirth. They will be required to show a medical or midwife's certificate.

"The inoculation will take place on the following days: (A list of centres follows at which dwellers in specified streets had to present themselves on particular days.)

"Everybody must be inoculated on the day ordered.

"The dates for the second inoculation will be published later."

The inoculation was carried out by German doctors at six public centres and also in private. T.A.B. vaccine, hypodermic needles, and methylated spirit were supplied by the British medical authorities. The staff at each centre consisted of: 1. A German doctor. 2. A clerk who took down the name, age, address, etc., of each person inoculated. 3. A female attendant who prepared the site of injection with iodine. 4. An attendant to sterilize the needles. 5. A policeman. Members of the Administrative Medical Service visited the centres daily.

The population of Euskirchen was 13,010, of whom 8,385 were between the ages of 6 and 45. About 1,200 people were inoculated each day until 8,339 cases had been dealt with.

The first inoculation began on January 11th and ended on January 17th. The second doses were begun on January 21st, and by January 28th, 8,076 had been done. On February 4th an additional 112 absentees were done, the number thus being brought up to 8,198. It is apparent, then, that about 62 per cent of the population had been vaccinated.

2. Weilerswist and Gross Vernich.—The combined population of these two villages was estimated at 2,492. The villagers were informed by proclamation by the Burgomeister of the arrangements made for inoculation. They were similar to those adopted at Euskirchen.

The numbers receiving first and second doses were 1,763 and 1,738 respectively, thus over 70 per cent of the population of the villages were protected by two doses. The age limits were fixed at 6 and 55 years.

3. Sechtem, Merten, Tripplesdorf, and Walberberg.—These four villages were very closely adjacent, and their total population was given as 5,010. Similar orders were issued, and the numbers inoculated at the first and second period were respectively 3,314 and 3,417. Between 65 and 70 per cent, then, had received the two doses.

Cases of Typhoid Fever.

There were 199 cases of typhoid fever in the three epidemics in the town and villages of a combined population of about 20,000, and of these cases 34 died—approximately 17 per cent.

Four of these deaths occurred in people who had been recently inoculated twice. The onset of the disease began within the twenty-four hours after the second inoculation (2 cases), on the eighth day after, and on the nineteenth day after the second dose. Two other deaths occurred in cases after the first inoculation, and in each case the symptoms began within the first twenty-four hours.

There were altogether thirty-eight cases of typhoid following inoculation, and amongst them there were six deaths—that is, mortality = 15.7 per cent. With the exception of these six deaths practically all these cases were of a light nature.

Summary.

It is hardly justifiable to arrive at any definite conclusion from the above figures. The daily numbers of onset were very much on the decrease before the inoculation was begun, but it must

Digitized by Google

be remembered that some cases were not removed at once to the hospitals for isolation and they were acting as sources of infection for some time afterwards. During the early period of inoculation there were probably more sources of infection "at large" than appear at first sight, and one would be inclined to imagine more people, as a result, incubating the disease. The fact that there was in each epidemic a recrudescence of cases immediately after inoculation tends to support this theory.

The arguments against inoculation during an epidemic do not appear to be supported by facts, and it is claimed that additional evidence had been brought to light in favour of inoculation under these circumstances. The advantageous effects of the inoculation may for convenience be described under three heads—(a) direct, (b) indirect, (c) remote.

(a) Direct.—One of the most difficult problems in dealing with an epidemic of this type is the notification and consequent isolation of light cases in which no medical aid has been sought. It is apparent that the inoculation brought some of these to notice so that they could be removed and isolated more quickly. It is also suggested that some cases incubating the disease developed symptoms more rapidly than they would otherwise have done, and these again were more quickly found out and removed as sources of danger. The sudden cessation of the epidemic after inoculation is very striking.

(b) Indirect.—The indirect advantage lies in the accessory administrative handling of the epidemic. Undoubtedly much good was done by the issue of orders to the effect that exemption could only be allowed by medical certificate. This, accompanied by an energetic house-to-house inquiry, in the case of defaulters, brought several cases to light which would otherwise have lingered on in their own homes.

(c) Remote.—There can be no doubt that many cases were saved by the fact that contacts of some of the later cases had been inoculated. The almost dramatic termination of the epidemic gave a feeling of satisfaction and security to the inhabitants, and the precautionary orders regarding water and dairy supplies, etc., where were issued were withdrawn or modified at an earlier date and with more confidence than could otherwise have been the case.

It is regrettable that the incidence and mortality amongst the inoculated were so high, but it may perhaps be added that in the neighbouring Kreis of Rheinbach, where immediate inoculation of all contacts of all new cases occurring in the area was ordered, there were practically no secondary cases of the disease and no deaths.

In conclusion, therefore, the opinion is put forward that an extensive inoculation during an epidemic of typhoid fever is beneficial, probably to the individual in particular and almost certainly so to the community as a whole.

RECENT ARTICLES IN THE "MONTHLY BULLETIN."

The Department of Health's "Monthly Bulletin" for January contained the following articles:

"Prophylaxis of Typhoid Fever," by Dr. Frank J. Monaghan, Deputy Commissioner.

"Origin and Development of Hospitals in New York City," by Drs. C. E. Banker and H. G. MacAdam, Division of Institutional Inspection.

"Training the Girl for Tomorrow," by Christine R. Kefauver, Supervising Inspector, Division of Industrial Hygiene.

Any one interested, who has not already had a copy of the above issue, should apply to the Bureau of Public Health Education, 505 Pearl Street, Manhattan.

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 26, 1921.

During the past week the death rate of the City was 3.46 lower than the rate for the corresponding week of 1920. This decrease in the rate was equivalent to a saving of 381 lives. This reduction was due to the lower mortality during the week past, of the following diseases: Measles, diarrhoeal diseases, influenza, broncho-pneumonia, all forms of tuberculosis and diseases of the nervous system. Eight deaths were reported during the week past from encephalitis lethargica. No deaths were reported from typhus. The mortality of scarlet fever and diphtheria was slightly in excess of that reported during the corresponding week of last year. The total number of deaths reported during the week was 1,470, equivalent to a rate of 13.33. During the week ending February 28th, 1920, 1,823 deaths were reported in the Greater City, equivalent to a rate of 16.79. The death rate for the first nine weeks of this year is 13.01; during the corresponding week of 1920 the rate was 21.59.

The infant death rate for the expired part of 1921 is 80, whereas the rate for the corresponding period of last year was 116. Sixty-one persons were killed by accidents in the City during the week; 15 of these deaths were the result of street accidents. Eleven persons died as the result of burns and 9 persons were asphyxiated by gas. Thirteen persons were killed by falls.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DEFECTIVES.—Levinson, A. Mentally defective children. (Mod. Med., Feb., 1921. pp. 81-82.)

DISINFECTION.—Willoughby, W. M. The theory, conditions and consequent practice in ship disinfection. (J. State Med., Feb., 1921. pp. 36-45.)

FATIGUE.—Newman, B. J. Shop standards and fatigue. (Mod. Med., Feb., 1921. pp. 93-97.)

HEALTH.—Peterson, E. A. The American Red Cross and health. (Mod. Med., Feb., 1921. pp. 78-80, illus.)

LICE.—Lloyd, LL. Lice and their menace to man; with a chapter on trench fever, by W. Byam. 1919. 136 pp., illus, diagr. 614.45L77

ORAL HYGIENE.—Fones, A. C. Mouth hygiene for school children. (Mod. Med., Feb., 1921. pp. 119-122, illus.)

POISONING.—Luden, Georgine. Chronic carbon monoxid poisoning—its immediate and subsequent manifestations. (Mod. Med., Feb., 1921. pp. 102-106, charts.)

PUBLIC HEALTH.—Ferrell, J. A. Careers in public health service. (A. M. A. Jour., Feb. 19, 1921. pp. 489-492.)

RATS.—Winslow, C.-E. A. The war against the rat. (Mod. Med., Feb., 1921. p. 107.)

SKIN DISEASES.—Sequeira, J. H. Diseases of the skin. 3rd ed. 1919. 664 pp. plates, illus. 616.5Se6

TYPHOID FEVER.—Monaghan, J. J. Prophylaxis of typhoid fever. (N. Y. City, Health Dept. of, Monthly Bull., Jan., 1921. pp. 1-7.)

TYPHUS.—Harris, L. I. Typhus; a New York view. (Survey, Feb. 19, 1921. pp. 721-722.)

VITAMINS.—U. S., Chemistry Bureau of. What are vitamines?—Best described by what they do. (Am. Food Jour., Jan., 1921. p. 24.)

WELFARE WORK.—Burnham, A. C. Medical welfare work in small factories. (Mod. Med., Feb., 1921. pp. 90-92.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Dec. 4	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26
Total deaths	1280	1144	1268	1208	1386	1409	1396	1364	1490	1434	1467	1498	1470
Annual Death Rate	10.37	9.72	10.77	10.26	11.52	11.71	11.60	11 84	13.51	13.00	13.30	13.59	13.33
*Acute Infectious Diseases	53	44	54	41	59	47	54	50	60	68	75	69	68
Pul. Tuberculosis..	100	86	125	93	99	119	101	100	109	96	88	117	110
Influenza	8	9	11	8	13	9	15	12	10	10	9	10	10
Lobar Pneumonia..	81	64	90	81	110	146	118	107	107	117	104	115	157
Broncho Pneum...	70	56	62	61	76	80	88	85	86	72	99	87	102
**Violent Deaths ...	78	66	76	78	88	97	61	90	70	91	63	72	65
Deaths under 1 year.	187	160	163	202	186	184	183	213	217	218	209	224	202
Rates per 1,000 births	78.5	62 9	64 1	79.5	73.5	72.5	72 0	83 9	85.3	83.8	82.5	88.4	79.9
Deaths under 5 years	270	221	247	277	287	281	280	314	318	320	339	340	315
" 5-65 years....	709	659	749	649	755	789	790	752	834	794	802	826	814
" 65 years and over	301	264	272	282	344	339	326	298	338	320	326	332	341

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	261	265	218	218	198	271	171	190	307	200	172	291	179
Diphtheria	373	449	408	329	416	518	479	480	460	465	506	672	468
Measles	55	84	65	48	74	86	99	88	108	187	101	222	223
Scarlet Fever	214	273	292	255	312	497	522	536	550	516	558	675	530
Chickenpox	180	218	209	104	199	278	324	242	311	292	312	361	297
Influenza	51	43	67	29	64	134	78	84	72	59	84	109	102
Pneumonias	356	376	306	285	261	510	341	335	390	342	391	673	501
Typhoid Fever	22	24	12	9	1	11	8	8	11	12	3	5	8
Whooping Cough ...	79	70	74	88	53	95	89	91	97	99	115	167	153
Syphilis	448	256	331	286	188	416	337	390	463	238	238	406	218
Gonorrhoea	67	95	68	65	63	64	49	71	90	78	54	99	88
Poliomyelitis	8		2	1			1	1	..	1	2	4	..
Cerebro-spinal Meningitis	5	6	3	5	8	4	9	7	4	6	3	7	9
Total	2114	2254	2055	1717	1887	2879	2507	2528	2863	2495	2539	3701	2846

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, February 26, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	807	688	624	1165	554	48	18.45	14.65	14.33
The Bronx	732,016	778,528	205	177	172	274	106	9	14.31	11.86	11.53
Brooklyn	2,022,262	2,082,203	637	503	517	1002	315	85	16.26	12.60	12.95
Queens	466,811	495,050	126	114	122	170	25	7	13.88	12.01	12.85
Richmond	115,959	120,592	48	38	35	55	18	2	21.31	16.44	15.14
City of New York.	5,621,151	5,753,151	1823	1470	1470	2666	1013	101	16.79	13.33	

*Corrected by redistributing deaths according to borough of residence.

During the first nine weeks of this year there were 12,914 deaths, a rate of 13.01 per 1,000 population. During the corresponding weeks of last year there were 20,466 deaths, a rate of 21.59 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	30	45	1	1	4	61	57	14	12	5	2	28	88	136	353	149
The Bronx	9	21	..	1	2	28	14	2	2	..	1	4	25	42	89	46
Brooklyn	17	23	3	5	8	50	24	11	9	2	1	21	74	115	278	110
Queens	5	11	..	3	..	15	5	2	2	..	..	4	11	15	71	28
Richmond	3	10	..	..	..	3	2	..	..	..	..	4	4	7	23	8
Total	64	110	4	10	14	157	102	29	25	7	4	61	202	315	814	341

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	74	68.3	10	9.2	5	6	118	26.7	11	2.5	18	4.1
The Bronx	31	110.9	2	7.1	..	1	50	31.0	3	1.9	13	8.1
Brooklyn	78	88.4	8	8.6	1	7	120	26.8	9	2.0	14	3.1
Queens	14	77.6	1	5.5	.	1	19	17.9	2	1.9	6	5.6
Richmond	5	94.2	..	..	..	..	8	33.6	..	..	2	8.4
City of New York.	202	79.9	21	8.3	6	15	315	26.7	25	2.1	53	4.5

During the first nine weeks of this year 1,831 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 2,660 died, a rate of 116. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Ave. Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Riverside Hospital Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Pulmonary Tuberculosis Kingston Avenue	Otisville Sanator.	Riverside Hospital	Grand Total.
*Rem'g 2-19-'21.	190	175	26	36	142	100	4	23	18	9	1	2	..	..	..	107	19	551	205	1608
Admitted	33	37	13	27	26	22	..	18	2	4	..	1	..	..	..	18	2	21	21	24
Discharged	42	43	12	22	29	25	2	4	2	6	..	..	..	..	..	14	..	19	7	22
Died	4	12	2	4	2	3	..	2	1	1	..	..	..	..	..	..	1	2	2	227
Rem'g 2-26-'21.	177	157	25	37	137	94	2	35	17	6	1	3	..	..	..	111	20	551	217	36 1590
Total treated	223	212	39	63	168	122	4	41	20	18	2	3	..	..	..	125	21	572	226	1853

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes.....	1,470	1,823	767	703	202	48	65	315	64	86	253	411	341
1. Typhoid Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..
2. Typhus Fever.....	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles.....	3	36	1	2	1	1	..	2	1	..	..	..	..
6. Scarlet Fever.....	12	5	5	7	2	..	5	7	4	..	1	..	..
7. Whooping Cough ...	11	24	7	4	5	4	2	11	..	..	..	..	..
8. Diphtheria.....	38	30	20	18	9	7	15	31	6	..	1	..	..
9. Influenza.....	10	151	4	6	1	..	..	1	1	1	2	3	2
Poliomyelitis.....	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	6	8	3	3	4	1	..	5	1	..	..	..	..
13. Pulmonary Tuberculosis ...	110	147	64	46	1	..	1	2	5	20	52	25	6
14. Tbc. Meningitis	9	10	4	5	3	1	1	5	1	2	1	..	..
15. Other forms Tbc....	3	13	1	2	1	..	..	1	1	1	..	..	..
16. Cancer, Malignant Tumor	107	111	51	56	..	..	..	..	..	2	15	56	34
17. Simple Meningitis...	4	9	4	..	1	..	..	1	..	..	2	1	..
17a. Cerebro-spinal Meningitis	4	1	2	2	..	..	2	2	1	..	1	..	..
18. Apoplexy, Softening of the Brain	20	18	5	15	..	..	..	.	..	..	2	5	13
19. Organic Heart Diseases	280	286	139	141	..	..	1	1	11	5	19	116	128
20. Acute Bronchitis ...	14	21	8	6	9	2	1	12	..	..	..	..	2
21. Chronic Bronchitis..	1	5	1	..	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia ..	157	159	88	69	10	6	13	29	10	20	47	32	19
22a. Broncho Pneumonia	102	208	51	51	34	17	12	63	2	..	5	13	19
23. Other Respiratory Diseases	13	11	8	5	1	..	1	2	..	..	3	*5	3
24. Diseases of the Stomach (Cancer excepted	9	5	5	4	..	..	..	..	..	1	3	4	
25. Diarrhoeal Diseases (under 5 years)	25	43	12	13	21	2	2	25	..	..	..	..	..
26. Appendicitis and Typhilitis	16	14	9	7	..	..	1	1	1	5	5	4	..
27. Hernia. Intestinal Obstruction	12	16	8	4	1	1	..	2	..	1	1	7	1
28. Cirrhosis of Liver...	14	9	8	6	..	..	..	..	..	..	1	10	3
29. Bright's Disease & Nephritis	88	101	38	50	..	..	..	..	2	3	12	40	31
30. Diseases of Women (not Cancer)	9	6	..	9	..	..	..	..	..	1	6	2	..
31. Puerperal Septicaemia	13	4	..	13	..	..	..	..	..	6	7	..	..
32. Other Puerperal Diseases	7	18	..	7	..	..	..	..	..	3	4	..	..
33. Congenital Debility, and Malformations	71	99	41	30	70	1	..	71	..	..	..	..	..
34. Old Age	4	11	3	1	..	..	..	..	..	..	..	..	4
35. Violent Deaths	65	52	43	22	4	1	3	8	3	7	17	13	12
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	61	48	40	21	4	1	2	7	3	6	15	13	12
c. Homicide	4	4	3	1	..	..	1	1	..	1	2	..	..
36. Suicide	7	7	5	2	..	..	..	..	..	1	2	3	1
*37. All other causes....	220	238	124	96	24	4	5	33	9	6	40	71	61
38. Ill-defined causes ...	6	3	5	1	..	..	..	..	..	1	4	1	..

Deaths in Institutions,	598	Mean temperature,	67.7 deg. Fahr.
Mean barometer,	29.93	Maximum temperature,	41.0 deg. Fahr.
Mean humidity,	65.6	Minimum temperature,	10.0 deg. Fahr.
Precipitation,	2.71	Snow,	12.9

†If the deaths under one month, numbering 97 from all causes, be deducted from the total deaths under one year, the resulting rate will be 41 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 2, Diabetes 26, Alcoholism 0, Locomotor Ataxia 1, Paresis 6, Arterio-sclerosis 44, all other congenital causes 17.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St. New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MARCH 12, 1921. No. 11.

PHYSICIANS, ATTENTION!

Communicable disease can be effectively prevented only through the co-operation of all practicing physicians. During the past year (1920) there were reported to the Bureau of Preventable Diseases, a total of 209,996 cases of communicable disease. Of this number, 22,627 cases terminated fatally. One may estimate that the 209,996 cases represent not more than one-third of the total number of cases of communicable disease which occurred in the City during the year. There is, of course, no way of absolutely proving this assertion; experience in certain of these diseases, however, gives ample warrant for this belief; and it is not at all unlikely that, taking into consideration the cases of tuberculosis, of measles, of whooping-cough, and of other diseases which never come under the notice of physicians, except when serious complications arise, as well as those which are not reported by physicians, we are justified in stating that the total number of cases reported to the Department of Health represents but a small fraction of the cases actually occurring in the City.

People, generally, have become so accustomed, in recent years, to hear of appalling loss of life, incident to the war and recent epidemics, that many will be unaffected by knowledge of the fact that over twenty-two thousand lives were recorded as having been lost in the City of New York during the past year from diseases, which, in great measure, are preventable.

Practicing physicians, who are the first line of defense against preventable diseases, are faced with the same moral responsibility as the Department of Health to offer a proper defense against these diseases, and both should co-operate to overcome, so far as possible, this great loss of human life. The physicians of the City can be of inestimable service, and can place the community under greater debt to them if they will assist the Department in the following ways:

1. By promptly reporting all cases of communicable disease.

2. By reporting at once all cases in which the presence of a communicable disease is diagnosed or suspected. It is during the early period of the acute infectious diseases, when the symptoms are not yet pronounced, that they are most readily communicable. If a case is reported on mere suspicion, which subsequent developments fail to justify, the Department will co-operate by removing all restrictions which may have been placed upon it, upon presentation and confirmation of the facts.

Digitized by Google

3. By warning all parents or guardians to isolate cases as soon as diagnosed, or upon suspicion of the presence of communicable disease. This means, of course, the exclusion of the well children from the room in which the patient is isolated. They should also instruct parents to take such other precautions as our modern knowledge of preventive medicine has shown to be necessary.

4. By employing the latest form of report postal-card issued by the Department of Health, and not the obsolete ones which some physicians have in their possession. (A note sent to the Bureau of Preventable Diseases will immediately bring a supply.)

The present form of report card, if properly filled out, gives data of great importance in our efforts to protect children in the public schools and others in the community. PLEASE BE SURE TO REPORT THE LOCATION OR NUMBER OF SCHOOLS ATTENDED BY CHILDREN IN FAMILIES IN WHICH A CASE OF COMMUNICABLE DISEASE EXISTS.

5. By acquainting themselves with the technique of the Schick test, if not already familiar, and applying such test, especially among children from one to six years of age. By active immunization of all persons found to give a positive Schick test, as this is most urgently needed to prevent unnecessary deaths from diphtheria. (Instruction in the application of the Schick test and active immunization may be obtained at any of the tuberculosis clinics of the Department of Health.)

6. By the use of typhoid vaccine to immunize those who intend to travel for pleasure or for business, which is another important preventive measure that has not as yet been widely employed among the civilian population.

7. By encouraging patients to report at regular intervals during each year for a health examination, so as to discover the early signs of disease and prevent illness, disability and premature deaths. People must be instructed that the physician has a mission to fulfill, not only in time of sickness, but to prevent disease.

This enumeration of suggestions could be greatly extended, but for the time being physicians are urged to give heed to the requests enumerated, especially with reference to the prompt report of cases, and the giving of full data on the latest form of postal-card report.

See revised list of reportable diseases published in Weekly Bulletin of February 12, last.

ANTI-ANTHRAX SERUM.

The Bureau of Laboratories, of the Department of Health, has a limited supply of anti-anthrax serum which will be furnished to physicians for such cases of anthrax as may come under their care in New York City, and who are actually unable to buy the commercial product. When in need of the serum, physicians should communicate with the Bureau of Laboratories, foot of East 16th Street, Borough of Manhattan.

The serum in question is a gift from a commercial concern, none having, as yet, been prepared by the Department of Health, since there is no appropriation available for the work necessary.

FIFTIETH ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION.

The 50th annual meeting of the American Public Health Association will be held at New York City in November, 1921. The date which is tentatively announced is November 14-18.

Digitized by Google

It is interesting to note that Dr. Stephen Smith, the founder and first president of the Association, is now entering his 99th year. He is still active and vigorous and it is expected to celebrate his approaching centennial together with the semi-centennial of the Association.

The first organization meeting of the Association was held in New York City on April 18, 1872, and that is one of the reasons for selecting New York City for the celebration of the semi-centennial. Other considerations are the convenience to foreign representatives and to Dr. Smith, who lives in New York City; and especially a plan to conduct demonstrations of public health administrative methods in the laboratories, executive offices, garbage disposal plants, and similar centers of public health interest, in which New York City is unsurpassed.

It is expected to present in connection with the celebration a review of the progress of the various branches of public health within the last fifty years. The sectional programs will include Public Health Administration, Vital Statistics, Laboratory, Food and Drugs, Sociology, Sanitary Engineering, Industrial Hygiene, and Child Hygiene.

THE SCHICK REACTION.

Reprints of an article by Dr. Abraham Zingher, Assistant Director of the Department's Research Laboratory, on the accuracy of the Schick reaction, are available for distribution to all interested.

Application for copies should be made to the Bureau of Public Health Education, 505 Pearl Street, Manhattan.

REGISTRATION OF DRUG ADDICTS.

New Order by State Commissioner.

Special Rules and Regulations for the City of Greater New York having been promulgated by me taking effect June 25th, 1919, providing for the registration of all drug addicts in and for the City of Greater New York pursuant to the authority conferred upon me by Chapter 639 of the Public Health Law, Article 22, Section 421 thereof; and the necessity for such registration having been eliminated by Regulation No. 12 of the new rules and regulations of this Department prohibiting the use of unofficial blanks by physicians issuing prescriptions for or administering or dispensing cocaine, opium or their derivatives and by Regulation No. 16 requiring data concernng prescriptions for habitual users to be inserted on the official blanks, I, THEREFORE, HEREBY REVOKE AND REPEAL the aforesaid Special Rules and Regulations for the City of Greater New York requiring the registration of all drug addicts promulgated on June 25th, 1919, to take effect February 14th, 1921.

Dated, New York, N. Y., February 10th, 1921.

WALTER R. HERRICK,
Commissioner, Department of Narcotic Drug Control.

SURGEON GENERAL CUMMING, OF THE U. S. PUBLIC HEALTH SERVICE, ON THE TYPHUS SITUATION.

"The menace to this country from the introduction of typhus from Europe is not of recent development and is no greater today than it was six months ago. Even before the armistice the Surgeon General recognized the potentialities of the disease spreading to the United States if adequate precautionary measures were not taken when immigration was resumed. During the past year medical officers of the Public Health Service have been stationed at American consulates at chief European ports of embarkation to supervise measures to be applied against ships

Digitized by Google

and passengers for the prevention of the spread not only of typhus but al- of plague and cholera. While the measures enforced at the European ports have by no means been perfect their value is indicated in the fact that several hundred thousand immigrants have come from typhus-infected areas on several hundred ships and that out of all this number typhus infection occurred only on eight vessels. With the exception of the S.S. Presidente Wilson, which arrived at New York on February 1, infection on the ships was detected by the quarantine officer at New York and effective precautionary measures applied. Upon arrival of the S.S. Presidente Wilson at New York there were three cases in the sick bay of what the quarantine officer diagnosed as broncho-pneumonia but which later proved to be typhus. The doctor was experienced in the detection of typhus, but the cases presented no eruption and the mistake was by no means inexcusable. Still under the custodial care of the immigration authorities the sick people were sent to the Long Island College Hospital, which takes care of sick immigrants, and the correct diagnosis later became apparent. Fortunately the error was discovered before the other passengers in the steerage were released, and the vessel and the immigrants were remanded to quarantine and appropriate treatment applied to prevent the spread of the infection. The incident was unquestionably deplorable, but it indicated neither a breakdown of the New York quarantine station nor any unreasonable laxity.

"The system of quarantine protection developed by the Public Health Service consists of a double line of defense, first the medical officers at foreign ports who supervise preventive measures specified in the United States Quarantine Regulations, and, second, the facilities at United States quarantine stations. If infection invades the first barrier, the ship still has to undergo inspection and treatment at her American port of arrival.

"Several weeks before the arrival of the S.S. Presidente Wilson the Surgeon General had taken very definite steps to strengthen the quarantine defense at European ports by having American consular officials instructed, through the State Department, to withhold bills of health from vessels whose passengers had not been satisfactorily disinfected. As early as January 17 quarantine officers at Atlantic ports were advised that on account of the unsatisfactory delousing procedure carried out at Danzig all passengers arriving at their ports should b held in quarantine and treated for the destruction of vermin. It must, therefore, be evident to any fair-minded person that the Federal health authorities have been most diligent in carrying out anti-typhus measures, and that any statement that either the Federal Health Service or the State officials of New York have been derelict or indifferent to the typhus situation is obviously untrue. Nevertheless administrative efforts of this sort cannot be expected to be perfect or to eliminate mistakes by individual officials.

"Typhus is not transmitted by lice in general but only by lice that have previously bitten persons infected with typhus. A louse is by no means an exotic insect, as one might infer by some of the interviews in New York papers. It is widespread throughout the United States, but is found chiefly in the slum districts of large cities. In the absence of typhus it is of no sanitary significance or danger so far as the present situation is concerned. Typhus fever develops in four to twelve days, and it is readily apparent to any trained sanitarian that if cases do not develop within this period it can safely be asserted that the infection is not present. This applies particularly to overseas vessels that have been out twelve days or more.

"Much confusion has resulted from the statements in newspaper interviews in New York City as to responsibility of the Immigration Service at Ellis Island for the exclusion of typhus fever. Immigration officials are not vested with any

Digitized by Google

authority administering quarantine laws. Furthermore they have no equipment for enforcing quarantine measures:—naturally so because they have control over aliens and not over citizens of the United States, although the latter returning from Europe are just as serious a menace from the typhus standpoint as is an alien. It is true that Ellis Island has always proved a valuable line of second defense for the port, but the responsibility for the exclusion of typhus and other quarantinable diseases rests solely upon the quarantine authorities. As a matter of ordinary decency and personal hygiene delousing facilities should be provided at Ellis Island, but since the prevention of the introduction of typhus relates to returning citizens as well as aliens, the quarantine station is the one place where effective preventive measures can be carried out.

"As to the statement that 'one infected immigrant might spread a plague that would cause a million deaths in six weeks in New York,' it is interesting to note that, while not generally known, typhus fever has existed in New York City for years. About 1910 Dr. Nathan Brill recorded a series of somewhat less than 200 cases which he had observed in the previous ten years, and during 1911, 34 such cases occurred in New York City, and others have occurred from time to time since that date. For the most part they were of isolated occurrence and indicated that conditions in New York City were not conducive to any serious spread of the infection. Goldberger and Anderson of the U. S. Public Health Service, in 1911, demonstrated by laboratory tests that the so-called 'Brill's disease' was identical with old-world typhus; that the clinical manifestations were very similar but much milder in type, that the disease was transmitted by the louse in the same way as old-world typhus, and while not so virulent, sometimes resulted fatally."

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 5th, 1921.

The death rate for the City continues lower than last year. During the past week the death rate of the City was 13.91 as compared with 15.78 during the corresponding week of 1920. This difference of 1.87 in the weekly rate is equivalent to a saving of 206 lives. The accumulative death rate for the first ten weeks of 1921 was 7 points lower than the corresponding period of last year. The respective rates being 13.11 and 20.44. The infant mortality for the expired part of this year is also lower than for the corresponding period of 1920. The rate for this year being 82 against 115 of last year.

There were no deaths during the week from typhus fever. Nine deaths were reported from encephalitis lethargica. The mortality of the contagious diseases showed slight variations from the mortality reported from these causes during the week of March 6th, 1920:

	1920	1921
Measles	29	7
Scarlet Fever	3	18
Diphtheria and Croup	28	42
Whooping Cough	11	8
Cerebro-spinal Meningitis	3	3

The mortality of heart disease was slightly greater during the week past than during the week of March 6th, 1920, but this increase was more than offset by a decrease in the death rate of Bright's disease. The mortality of influenza dropped from 82 reported during the corresponding week of last year to 16 during the past week. A few more deaths were reported from lobar pneumonia but both broncho pneumonia and bronchitis showed rather larger decreases. The mortality of pulmonary tuberculosis continues lower than last year.

Sixty-three deaths were caused by accidents. Of this number 11 were killed by automobiles, 14 died as the result of falls and 16 were asphyxiated.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CANCER.—Charles, A., and J. C. McWalter. Cancer as a public health problem. (J. State Med., Feb., 1921. pp. 46-53.)

DICTIONARIES.—Dorland, W. A. N. The American illustrated medical dictionary. 10 ed., rev. enl. 1921. 1201 pp. **610.3D73**

ENCEPHALITIS.—Da Fano, C. The histopathology of epidemic (lethargic) encephapilitis. (With special plates.) (Brit. M. J., Jan. 29, 1921. pp. 153-155, plates.)

ENCEPHALITIS.—Smith, H. F. Epidemic encephalitis (encephalitis lethargica, nona). Reports of studies conducted in the U. S. (U. S. Public Health Service. Public Health Reports, Feb. 11, 1921. pp. 207-242, charts, tables.)

INFECTIOUS DISEASES.—Ker, C. B. Infectious diseases; a practical text-book. 1920. 627 pp. illus, diagr. **614.4K45**

MEDICINE.—Practical Medicine Series; 1920. v. I. General medicine, edited by Frank Billings. 1920. 624 pp., illus. **610P88**

MENTAL TESTS.—Herd, H. A preliminary note on the use of psychological tests of mental retardation. Med. Officer, Jan. 28, 1921. pp. 49-50.)

MILK SUPPLY.—California. Agriculture, Dept. of. Report on city milk scoring contests. (In: Weekly News Letter, Oct. 1, 1921, p. 2.) **VF**

PHYSICAL EXAMINATION.—Appel, Emma M. Safeguarding the health of working adolescents. (Mother and Child, March, 1921. pp. 119-127.)

PNEUMONIA.—Cole, Rufus. The prevention and specific treatment of pneumonia. (Journal of State Medicine, February, 1921. pp. 58-63.)

PUBLIC HEALTH.—Newsholme, Arthur. Public health and insurance. 1920. **614.N47p**

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Dec. 11	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan. 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5
Total deaths	1144	1268	1208	1386	1409	1396	1364	1490	1434	1467	1498	1470	1574
Annual Death Rate	9.72	10.77	10.26	11 52	11.71	11.60	11 34	13.51	13.00	13.30	13.59	13 33	13.91
*Acute Infectious Diseases	44	54	41	59	47	54	50	60	68	75	69	68	90
Pul. Tuberculosis..	86	125	93	99	119	101	100	109	96	88	117	110	124
Influenza	9	11	8	18	9	15	12	10	10	9	10	10	16
Lobar Pneumonia..	64	90	81	110	146	118	107	107	117	104	115	157	139
Broncho Pneum...	56	62	61	76	80	83	85	86	72	99	87	102	113
**Violent Deaths ...	66	76	78	88	97	61	90	70	91	63	72	65	71
Deaths under 1 year.	160	163	202	186	184	188	213	217	213	209	224	202	240
Rates per 1,000 births	62 9	64 1	79.5	73.5	72.5	72 0	83 9	85.3	83.8	82.5	88.4	79.9	94 8
Deaths under 5 years	221	247	277	287	281	280	314	318	320	339	340	315	357
" 5-65 years....	659	749	649	755	789	790	752	834	794	802	826	814	832
" 65 years and over	264	272	282	344	339	326	298	338	320	326	332	341	345

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	265	218	218	198	271	171	190	307	200	172	291	179	271
Diphtheria	449	408	329	416	513	479	480	460	465	506	672	463	470
Measles	84	66	48	74	86	99	88	108	187	101	282	223	202
Scarlet Fever	278	292	255	312	497	522	536	550	516	558	675	520	522
Chickenpox	213	209	104	199	278	324	242	311	292	312	361	297	338
Influenza	48	67	29	64	184	78	84	72	59	84	109	102	101
Pneumonias	376	306	285	261	510	341	335	390	342	391	673	591	539
Typhoid Fever	24	12	9	1	11	8	8	11	12	3	5	8	12
Whooping Cough ...	70	74	88	53	95	89	91	97	99	115	167	153	107
Syphilis	356	331	286	183	416	337	390	463	238	238	406	218	124
Gonorrhoea	95	68	65	63	64	49	71	90	78	54	99	83	51
Poliomyelitis		2	1		..	1	1	..	1	2	4	..	..
Cerebro-spinal Meningitis	6	3	5	8	4	9	7	4	6	3	7	9	9
Total	2254	2055	1717	1887	2879	2507	2528	2863	2495	2539	3701	2846	2746

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, March 5, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	772	702	671	1093	888	69	17.65	16.09	15.38
The Bronx	732,016	778,528	181	150	165	365	49	10	12.63	10.05	11.06
Brooklyn	2,022,262	2,082,203	609	517	539	994	256	56	15.56	12.96	13.51
Queens	466,811	495,050	103	119	127	200	90	5	11.29	12.53	13.37
Richmond	115,959	120,592	47	46	32	48	11	1	20.87	19.90	13.84
City of New York.	5,621,151	5,753,151	1712	1534	1534	2700	1294	141	15.78	13.91	

*Corrected by redistributing deaths according to borough of residence.

During the first ten weeks of this year there were 14,448 deaths, a rate of 13.11 per 1,000 population. During the corresponding weeks of last year there were 22,178 deaths, a rate of 20.44 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	35	49	3	6	5	61	62	14	14	12	4	32	105	163	402	137
The Bronx	3	18	..	2	1	16	14	2	1	..	..	8	27	38	80	32
Brooklyn	33	25	..	5	9	44	26	10	10	1	2	14	89	127	250	140
Queens	3	12	..	3	2	12	10	1	..	..	2	6	17	25	65	29
Richmond	1	20	..	..	..	6	1	..	..	..	..	3	2	4	35	7
Total	75	124	3	16	17	139	113	27	25	13	8	63	240	357	832	345

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	98	90.5	10	9.2	4	6	152	34.5	14	3.2	24	5.4
The Bronx	32	113.9	1	3.6	..	1	46	28.5	1	0.6	5	3.1
Brooklyn	90	96.2	9	9.6	1	8	128	28.6	10	2.2	20	4.4
Queens	18	99.8	..	..	.	..	27	25.4	..	..	2	1.9
Richmond	2	87.9	..	..	..	..	4	16.8	..	..	1	4.2
City of New York.	240	94.8	20	7.9	5	15	357	30.3	25	2.1	52	4.4

During the first ten weeks of this year 2,071 infants died, a rate of 82. per 1,000 births. During the corresponding weeks of last year 2,918 died, a rate of 115. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 2-26-'21.	177	157	25	37	137	94	2	35	17	6	1	3	..	..	..	111	20	551	217	1590
Admitted	38	43	3	16	27	24	5	2	4	6	2	3	1	..	..	11	1	18	4	208
Discharged	34	33	3	17	24	26	1	6	4	3	1	2	..	..	..	30	..	15	6	210
Died	5	8	1	3	..	14	..	2	..	..	..	..	..	..	..	..	..	1	3	37
Rem'g 3-5-'21.	176	159	19	33	140	78	6	29	17	9	2	4	1	..	..	92	21	553	212	1551
Total treated	215	200	28	53	164	118	7	37	21	12	3	6	1	..	..	122	21	569	221	1798

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,534	1,712	819	715	240	57	60	357	68	110	267	387	345
1. Typhoid Fever	2	1	2	..	..	..	..	..	..	..	1	1	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	7	29	6	1	3	..	4	7	..	..	..	..	..
6. Scarlet Fever	18	8	7	11	..	2	7	9	7	1	1	..	..
7. Whooping Cough	8	11	6	2	6	1	1	8	..	..	..	..	..
8. Diphtheria	42	28	27	15	6	8	14	28	13	..	1	..	..
9. Influenza	16	82	6	10	1	1	2	4	2	2	2	4	2
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	12	14	5	7	3	..	1	4	..	..	5	1	2
13. Pulmonary Tuberculosis	124	153	76	48	1	1	..	2	2	32	55	27	6
14. Tbc. Meningitis	12	11	7	5	2	5	1	8	3	1	..	..	..
15. Other forms Tbc.	8	13	4	4	..	1	..	1	..	1	6	..	..
16. Cancer, Malignant Tumor	108	101	54	54	..	1	2	3	..	5	15	60	25
17. Simple Meningitis	2	8	2	..	..	..	..	..	1	..	..	1	..
17a. Cerebro-spinal Meningitis	3	3	3	..	2	..	1	3	..	..	..	..	..
18. Apoplexy, Softening of the Brain	14	12	7	7	..	..	..	.	..	..	..	6	8
19. Organic Heart Diseases	257	272	108	149	2	1	1	4	6	9	30	88	130
20. Acute Bronchitis	17	28	7	10	8	2	..	10	1	..	1	1	4
21. Chronic Bronchitis	3	1	3	..	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	139	121	93	46	14	9	2	25	7	15	36	34	22
22a. Broncho Pneumonia	113	166	64	49	44	16	12	72	2	4	7	10	18
23. Other Respiratory Diseases	8	19	7	1	1	..	..	1	..	3	2	1	1
24. Diseases of the Stomach (Cancer excepted)	7	12	3	4	..	1	..	1	..	..	4	2	..
25. Diarrhoeal Diseases (under 5 years)	25	41	16	9	20	2	3	25	..	..	..	..	..
26. Appendicitis and Typhilitis	10	12	8	2	..	..	..	..	..	4	3	2	1
27. Hernia, Intestinal Obstruction	15	9	8	7	..	..	..	..	..	..	6	2	1
28. Cirrhosis of Liver	10	10	7	3	..	..	..	..	..	..	2	6	2
29. Bright's Disease & Nephritis	98	115	44	49	1	..	3	4	..	4	14	28	43
30. Diseases of Women (not Cancer)	8	7	..	8	..	..	..	..	..	..	4	3	..
31. Puerperal Septicaemia	7	9	..	7	..	..	..	..	..	3	4	..	..
32. Other Puerperal Diseases	18	11	..	18	..	..	..	..	..	6	7	..	..
33. Congenital Debility, and Malformations	90	85	51	39	90	..	..	90	..	..	..	..	..
34. Old Age	2	7	..	2	..	..	..	..	..	..	..	..	..
35. Violent Deaths	71	78	40	31	2	3	1	6	9	9	18	18	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	63	73	33	30	2	3	1	6	9	8	13	16	11
c. Homicide	8	5	7	1	..	..	..	..	..	1	5	2	..
36. Suicide	18	11	11	2	..	..	..	..	..	1	6	5	..
*37. All other causes	256	228	136	120	34	3	5	42	15	10	36	87	66
38. Ill-defined causes	1	4	1	..	..	..	..	..	..	..	1	..	..

Deaths in Institutions,	654	Mean temperature,	41.7 deg. Fal
Mean barometer,	29.92	Maximum temperature,	59.0 deg. Fal
Mean humidity,	72.1	Minimum temperature,	28.0 deg. Fal
Inches of rain,	1.77	Snow,	Tra

*If the deaths under one month, numbering 110, from all causes, be deducted from the to deaths under one year, the resulting rate will be 51 per 1,000 births (weekly average).

†Includes deaths from Erysipelas 9, Syphilis 5, Diabetes 29, Alcoholism 1, Locomotor Ata 1, Paresis 12, Arterio-sclerosis 57, all other congenital causes 16.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, [illegible] Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MARCH 19, 1921. No. 12.

EPIDEMIC ENCEPHALITIS IN NEW YORK CITY.

In view of the number of cases of encephalitis lethargica or, as the disease is more properly called, epidemic encephalitis, it is deemed advisable to print a short description of the malady, together with a report on a study of 63 cases, that have been reported in the City, recently.

Attempts have been made to associate this disease with influenza and with poliomyelitis, and indeed there are many points of similarity, from a clinical and epidemiological standpoint, to influenza in particular. However, while much evidence has been produced on both sides, it is still inconclusive and final judgment must be reserved until such time as our knowledge is more complete.

INCIDENCE AND DEATHS FROM EPIDEMIC ENCEPHALITIS, BY MONTHS, 1919-1920.

	1919		1920	
	Cases	Deaths	Cases	Deaths
January	5		36	12
February	16		149	50
March	25	9	116	52
April	10	1	66	16
May	16	5	42	22
June	4	1	20	12
July	2	1	39	9
August	1		28	11
September	8	5	22	6
October	23	7	11	3
November	9	3	12	9
December	9	1	24	9
	128	31	565	211

No age seems exempt, but the greatest proportion of cases occurred in young adults, with a preponderance of males, as shown in the following grouping of our 1920 cases:

ENCEPHALITIS CASES AND DEATHS, BY AGE AND SEX, 1920.

Ages.	Cases			Deaths		
	Male	Female	Total	Male	Female	Total
Under 5 years	23	24	47	10	8	18
5- 9	26	14	40	10	2	12
10-14	32	18	50	6	5	11
15-19	23	24	47	5	5	10
20-24	37	34	71	13	11	24
25-29	29	27	56	11	14	25
30-34	35	18	53	8	8	16
35-39	30	18	48	14	11	25
40-44	19	14	33	7	10	17
45-49	24	16	40	13	7	20
50-54	15	8	23	8	3	11
55-59	8	3	11	6	1	7
60-64	7	7	14	3	5	8
65-69	4	4	8	2	1	3
70-74	3	2	5	2	1	3
75-79	0	1	1	0	1	1
80-84	1	1	2	0	0	0
85 and over						
Totals	316	283	549	118	93	211

Digitized by Google

Pathology.—The virus of this disease seems to have an elective affinity for the central nervous system, and all the primary changes occur there, the chief portion attacked being the region of the third and fourth ventricles. Macroscopically there may be no changes, except a slight degree of vascular congestion over the cortex. There may be a frank congestion and a slight degree of meningitis, and small hemorrhages from the surface vessels between the layers of the pia. On section, the brain substance shows tiny red specks or streaks, more marked in the grey than in the white matter. Microscopically the chief change consists of diffuse capillary congestion, infiltration of the adventitia of the small vessels with round cells and plasma cells, and hemorrhagic foci around the vessel walls. The nerve cells show a slight degree of cloudy swelling. On the whole, the changes are not as marked as would be expected from the severity of the symptoms. Frequently, in the immediate neighborhood of the inflammatory areas, the nerve cells appear surprisingly normal.

Laboratory Findings.—The blood counts, as a rule, show a moderate leucocytosis. The spinal fluid is clear and, in many cases, apparently normal. There is often a slight increase in the number of mononuclear cells of the fluid; also a slight increase in the protein content.

Symptoms.—In order to make a detailed study of the various clinical manifestations of this disease, the Director of the Bureau of Preventable Diseases prepared and sent copies of a questionnaire to all physicians in the city, with a request that they fill one out for each case under their care. A study of the 63 replies received was made, and is summarized in the following:

The disease may start suddenly, but the greater number of our cases had a gradual onset, and the characteristic symptoms appeared after a few days. The onset may be with headache, dizziness, malaise or general pains leading frequently to a diagnosis of influenza.

After a few days, there is restlessness and anorexia, and even delirium, especially at night. These symptoms may subside completely, to be followed, after an interval by abnormal drowsiness, or the patient may pass directly into the somnolent state. On the other hand, the chief symptoms may be restlessness with, occasionally, maniacal manifestations, together with diplopia, ptosis or facial weakness. In some cases, the disease is ushered in directly by somnolence without any prodromal symptoms. Sometimes, there are no evidences of constitutional disturbances, the initial symptom being sudden hemiplegia. Rarely, the picture resembles meningitis with headache, hyperesthesia, stiff neck, and Kernig's sign. Occasionally the disease establishes itself so gradually that it is impossible to tell definitely when it started. Progressive weakness, with slight dizziness, may be the only symptoms for some time. In a number of cases, there is a muscular hypertonia, and a tendency for the body to be held rigid. Movements, then, are slow, difficult, and often accompanied by a coarse tremor. In certain types, a striking feature is the mask-like face and wax-like rigidity. The patient assumes peculiar positions, and shows athetoid or choreic twitchings of one or more parts of the body. Occasionally, there are convulsive seizures. These movements cease during sleep. There may be spastic paralysis. The sensory disturbances are not marked.

Mental Symptoms.—The patient may be irritable, especially at night, and frequently becomes delirious. Drowsiness may appear at the onset, but, as a rule, comes on after a few days. At first, there is a constant desire to sleep and, finally, there is pronounced somnolence and lethargy. The patient can, as a rule, be aroused, and will answer questions and take nourishment. He is generally apathetic and indifferent.

Digitized by Google

Fever.—A moderate degree of fever is usually present, ranging from 100 to 102 deg. F. It may be associated with chilliness, or chilly sensations. In severe and fatal cases, the temperature gradually rises to 106 or 107 deg. F. This is a bad prognostic sign. On the other hand, there may be no fever, even in a fatal case.

Ocular Symptoms.—Ptosis and diplopia may be the first symptoms, and are among the most frequent manifestations. Strabismus, nystagmus or photophobia are frequently seen.

Paralysis in Other Parts of the Body.—These may appear as the initial symptoms or after several days. An arm or leg suddenly becomes weak and shows spastic paralysis.

Below is given a tabulation of the symptoms in the cases reported upon in the returned copies of the questionnaire:

HISTORY OF ONSET AND SYMPTOMS OF EPIDEMIC ENCEPHALITIS AS REPORTED IN THE 63 CASES.

1. Influenza History	
Previous history of influenza	14
Exposed to influenza	7
History of other diseases	26
2. Mode of Onset	
Gradual	28
Sudden	20
3. Symptoms at Onset	
Ptosis	2
Pain	21
Drowsiness	13
Nervousness	3
Vomiting	10
Headache	26
Temperature	18
Diplopia	8
4 General	
Fever	60
Chills	14
Headache	45
Vertigo	27
Vomiting	18
Nausea	15
Cough	14
Tachycardia	12
Sweating	19
5. Nervous System Symptoms	
Sensory Symptoms	
Hemianesthesia	3
Monoanesthesia	0
Paresthesia	8
Hyperesthesia	9
Algias	6
Hemianopsia	2
Root pains—trunk or lower extremities	7
Incoordination	6
Meningeal and Cerebral	
Pains in neck or back	28
Rigidity of neck	17
Brudzinski's sign	3
Kernig's sign	16
Absent reflexes	4
Somnolence—constant	14
intermittent	26
Stupor	31
Apathy	41
Dullness	37
Coma	19
Irritability	19
Restlessness	24
Insomnia	19
Delirium	21
Motor Disturbance	
Ptosis	22
Opthalmoplegia	10
Dysphagia	14
Stuttering	11
Stammering	5
Hiccough	6
Parksonian	25
Facial palsy	19
Monoplegia	4
Diplegia	4
Aphasia	9
Contractures	10
Choreic movement	17
Athetoid movement	10
Convulsive seizures	7
Clonus	7
6. Cerebro-spinal Fluid	
Clear	27
Cloudy	1
Cells increased	2
Globulin increased	5
7. Blood	
Leucocytosis	4
8. Urine	
Albumin	5
Sugar	1
Casts	1
9. Sequalae	
Mental symptoms	2
Dizziness	1
Weakness	3
Paralysis	1
Muscular disturbance of eye	3

Prognosis.—This is, of course, to be guarded, both as regards life, and as to complete recovery. The mortality figures vary between 10 and 30 per cent, as reported by various observers. Taking the mortality reports generally it may be stated that the case fatality rate is about ten per cent.

Epidemic encephalitis has been made a reportable disease in this city and the special questionnaire blanks mentioned above will be sent to each physician and institution reporting cases. It is requested that these be filled out as completely and as promptly as possible, and returned to the Bureau of Preventable Diseases of the Department of Health.

Digitized by Google

To show the prevalence and nature of epidemic encephalitis in the U. S., a summary of a very interesting article by Dr. H. F. Smith, of the U. S. Public Health Service (Public Health Reports, Feb. 11, '21) is quoted:

1. Clinically the disease presents a series of symptoms which are found in no other affection.
2. The lack of positive epidemiological data renders the determination of the length of an incubation period impossible.
3. The clinical course of the disease may be divided into three stages: A prodromal period with fatigue, lethargy, headache, giddiness, and disturbances of vision; the stage of acute manifestations, with vomiting, fever, paralysis of certain cranial nerves, changes in tendon reflexes, alterations in speech, marked general weakness, and, in the majority of cases, coma of varying intensity; and the period of convalescence, which varies. In some cases recovery is complete within ten days or two weeks after the subsidence of the acute symptoms. In other cases, however, convalescence is prolonged and is accompanied by changes in the mental state, definite loss of function of certain muscles, and obstinate palsies of the cranial nerves.
4. There was a distinct outbreak of the disease in the United States during the latter part of 1918 and the early part of 1919. Beginning with the first case in the City of New York in September, 1918, there was a gradual increase in the monthly incidence up to and including March, 1919, during which month 61 cases occurred. This was followed by a sharp break with only 12 cases in April and 5 in May.
5. The age distribution of the cases in epidemic encephalitis is entirely different from that in poliomyelitis, and is, it is believed, in itself alone to be sufficient grounds for the belief that the two diseases are separate and distinct affections.
6. The appearance of epidemic encephalitis in epidemic form has, with the exception of the cases reported by V. Economo, apparently always been preceded by an epidemic outbreak of influenza. This apparent relation between the two diseases remains as yet unsolved, and consequently, therefore, leaves a field for considerable discussion. Of the 122 cases of epidemic encephalitis on which definite data were obtainable, only 56 cases, or 46 per cent, gave a history of having had a preceding attack of influenza; whereas in 66 cases, or 54 per cent, the history of a recognized attack of influenza was negative. As shown in a previous section of these studies, this influenza attack rate is higher in the group of persons having had epidemic encephalitis than in the general population. The question naturally arises, "Why?" In seeking a solution to this problem two lines of thought present themselves. First: Believing that epidemic encephalitis is a disease unto itself, may not this difference be due to the fact that those persons who have had influenza suffer a certain lowering of vitality, immunity, or resistance, which would render them more susceptible to the invasion of the causative agent of epidemic encephalitis when exposed to such a factor? If this be so it would account for the difference in the attack rate above mentioned. Second: If, however, the belief that epidemic encephalitis is a distinct disease is erroneous, may it not be possible that those cases classified as having had a previous attack of influenza are really recurrent invasions of the same person with the causative agent of influenza, whatever this agent may be, the second invasion involving or invading the central nervous system? An invasion of the central nervous system direct as a primary attack by this same agent, if such a thing be possible, would account for those cases which give no history of a previous attack of influenza. In the absence of definite positive laboratory findings in connection with the etiology of epidemic encephalitis, this thought is merely offered as a possibility.
7. Sex distribution shows 60 per cent of the cases males and 40 per cent females; whereas in influenza the attack rate for males and females is about equal. In the cases of epidemic encephalitis without a previous attack of influenza, the ratio of males to females is 1 to 1. In those cases having had a previous attack of influenza, however, the ratio of males to females is 2.5 to 1.
8. Onset was gradual in 71 per cent of cases and sudden in 29 per cent. The case fatality rate, however, was 60 per cent in the cases with sudden onset and 22 per cent in the cases where the onset was gradual.
9. Lumbar puncture and subsequent examination of the spinal fluid, while revealing very little of a positive nature, should be done in all cases where it is possible, as it is by this means that other conditions which might be confused with epidemic encephalitis may be eliminated to almost a certainty.
10. Blood examinations reveal very little data which may be used for diagnostic purposes.
11. As for communicability, approximately 900 persons were exposed in the immediate families of the cases reported in the United States, and among this number no secondary case occurred so far as reports and inquiries show.
12. The case fatality rate was 29 per cent.
13. The results of animal inoculation with brain material from two fatal cases in connection with these studies were negative. The fact must be borne in mind, however, that the brain material used has been retained in 50 per cent sterile glycerine for a period of six months prior to the inoculation.

INFECTIOUSNESS OF LATENT SYPHILIS.

The question whether a syphilitic free from outward manifestations of his disease is or is not a danger in the spread of syphilis is quite important from a public health standpoint. Besides this, a physician is often called upon to decide whether a given case, in which the Wassermann test remains positive, despite specific treatment, is free from the infection.

In this connection, we quote the conclusions of an article by Eberson and Engman (J. A. M. A., Jan. 15, '21) based upon special experiments:

In this study, Spirochaeta pallida has been isolated in five instances from latent syphilitics—three times from inguinal glands (in two women and one man) and twice from the semen. The strains produced typical syphilitic lesions in rabbits' testicles and could be recovered and propagated for an indefinite number of generations. The incubation periods of the spirochetes isolated

Digitized by Google

from the glands were, respectively, fifty, fifty-four and 133 days, the last being doubtful owing to an early secondary infection in the experimental animal. The two strains that were isolated from the semen developed after four and seven months, respectively.

Spirochaeta pallida was isolated from patients who gave a history of syphilis dating back eleven and thirteen years in two instances, and one year in three instances. An inguinal gland and the semen proved positive for spirochetes in the two cases first mentioned, and the glands and semen in the last named. In this series of positive results, a gland was found to be infectious in the case of a man whose Wassermann reaction had been negative, following treatment, and at the time of taking the specimen for the experiment gave a + + reaction only in the cholesterin antigen. A second instance of this nature was found in the case of a specimen of semen which proved positive for Spirochaeta pallida.

As far as studies with these different strains have progressed, there is no indication that Spirochaeta pallida has lost in virulence for the rabbit. Detailed experiments on infectivity and other phases of experimental syphilis with these and other strains will be reported subsequently.

It appears from this investigation, and that of others, that the blood and other body fluids, excepting semen, are not infectious in latent syphilis, or if so, but rarely.

Incubation of blood from latent syphilitics did not favor any infectious property that might have existed. Thirty-six specimens, duplicates of those in the series, were incubated at 37 C. for from three days to four months before being injected into rabbits' testicles. The results were negative.

One third of the total number of spinal fluids from latent syphilitics evidenced lymphocytosis, and one gave a positive Wassermann reaction.

Tonsils could not be studied, owing to severe secondary infections that were set up in the experimental animals. In one case, a dark-field examination showed what appeared to be Spirochaeta pallida in an emulsion of a tonsil taken from a child with a family history of syphilis, who gave a positive Wassermann reaction, although free from symptoms or visible lesions. The rabbits failed to survive injection of material.

GENERAL SUMMARY OF EXPERIMENTS.

Source of Material	Number Injected	Positive Inoculations
Blood	73	0
Blood (incubated series)	86	0
Spinal fluid	31	0
Nasal washings	24	0
Inguinal glands	14	3
Semen	17	2
Testes (postmortem)	2	0
Tonsils	6	0*

*Experiments incomplete.

The groups of patients studied were composed of those that were untreated as well as those that had received no treatment within the last two years. Between the time of taking specimens for inoculations of rabbits and the first symptoms of a suggestive history of syphilis in these patients, from one to forty years had elapsed.

Out of a total of 500 cases of syphilis which were seen at the clinic, seventy-five; or exactly 15 per cent., were definitely latent.

These investigations demonstrate the fact that those persons that give a history of an old syphilitic infection may harbor active virulent Spirochaeta pallida for years, and this, in the face of irregular negative Wassermann reactions or slight reactions only in the cholesterin antigen.

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 12, 1921.

The death rate for the city during the past week was 13.55, a decrease of almost two points from the rate of the corresponding week of last year. This decline in the death rate of the city was equivalent to saving 207 lives. There were no deaths reported from typhus in the city during the week and the mortality of encephalitis lethargica declined to 4 deaths. The mortality of measles dropped from 31 reported during the week ending March 13, 1920, to 6 during the past week. Deaths from diphtheria and croup dropped to 19, as compared with 36. Scarlet fever deaths increased to 11 as compared with 1. The mortality of the following other diseases was lower during the week than during the corresponding week of 1920:

	1920	1921
Diarrhoeal diseases	38	14
Other digestive diseases	85	70
Bright's disease	115	88
Cancer	109	106
Influenza	74	20
Bronchitis	31	14
Broncho-pneumonia	122	83
Pulmonary tuberculosis	166	130
Other tuberculous diseases	17	12

Considered from the viewpoint of age of the deceased, the largest saving of

Digitized by Google

life was among the group under 5 years of age—293 deaths having been reported during the past week, as compared with 443 during the week ending March 13th. 1920. Forty fewer deaths were reported among the group between 5 and 65, and 17 fewer deaths among the group over 65. The death rate for the first 11 weeks of this year was 13.14 as compared with 19.96 for the corresponding period of last year. The accumulative infant death rate for 1921 is 81 as compared with 114 for last year.

Seventy-two deaths were reported from accidents, the largest individual cause being automobile accidents—22 deaths were reported during the week from this cause alone. Twelve persons died of asphyxiation by gas and 11 persons died as the result of falls.

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ENCEPHALITIS.—Denyer, S. E., and D. E. Morley. A case of myoclonic encephalitis lethargica simulating hydrophobia. (Brit. M. J., Feb. 5, 1921. pp. 191-192.)

HEALTH.—Russell Sage Foundation Library. Community health: a selected bibliography, by Frederick W. Jenkins. Feb., 1921. (Bulletin No. 45.) VF

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Dec. 18	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan. 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12
Total deaths	1268	1208	1396	1409	1896	1364	1490	1434	1467	1498	1470	1534	1494
Annual Death Rate	10.77	10.26	11.52	11.71	11.60	11 34	13.51	13.00	13.30	13.59	13.33	13.91	13.55
*Acute Infectious Diseases	54	41	59	47	54	50	60	68	75	69	68	80	54
Pul. Tuberculosis..	125	93	99	119	101	100	109	96	88	117	110	124	130
Influenza	11	8	18	9	15	12	10	10	9	10	10	16	20
Lobar Pneumonia..	90	81	110	146	118	107	107	117	104	115	157	139	126
Broncho Pneum...	62	61	75	80	83	85	86	72	99	87	102	113	83
**Violent Deaths ...	76	78	88	97	61	90	70	91	68	72	65	71	81
Deaths under 1 year.	168	202	186	184	183	213	217	213	209	224	202	240	192
Rates per 1,000 births	64.1	79.5	73.5	72.5	72.0	83.9	85.3	83.8	82.5	88.4	79.9	94 8	75.8
Deaths under 5 years	247	277	287	281	280	314	318	320	339	340	315	357	293
" 5-65 years....	749	649	755	789	790	752	834	794	802	826	814	832	855
" 65 years and over	272	282	344	339	326	298	338	320	326	332	341	345	346

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	218	218	198	271	171	190	307	200	172	291	179	271	336
Diphtheria	408	329	416	518	479	480	460	465	506	672	463	470	458
Measles	65	48	74	86	99	88	108	187	101	232	223	202	210
Scarlet Fever	292	255	312	497	522	536	550	516	558	675	520	522	582
Chickenpox	209	104	199	278	324	242	311	292	312	361	297	338	336
Influenza	67	29	64	184	78	84	72	59	84	109	102	101	174
Pneumonias	306	295	261	510	341	335	390	342	391	673	591	589	409
Typhoid Fever	12	9	1	11	8	8	11	12	8	5	8	12	14
Whooping Cough ...	74	88	53	95	89	91	97	99	115	167	153	107	141
Syphilis	331	286	183	416	337	390	463	238	238	406	218	124	233
Gonorrhoea	68	65	63	64	49	71	90	78	54	99	83	51	68
Poliomyelitis	2	1	..	..	1	1	..	1	2	4	..	..	1
Cerebro-spinal Meningitis	3	5	8	4	9	7	4	6	3	7	9	9	10
Total	2055	1717	1887	2879	2507	2523	2863	2496	2539	3701	2846	2746	2902

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, March 12, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	750	679	655	1188	286	54	17.15	15.56	15.01
The Bronx	732,016	778,528	177	166	163	320	119	8	12.35	11.12	10.92
Brooklyn	2,022,262	2,082,203	600	510	542	930	334	43	15.33	12.78	13.58
Queens	466,811	496,050	96	99	105	170	31	9	10.52	10.43	11.07
Richmond.....	115,959	120,592	53	40	29	48	20	5	23.58	17.31	12.55
City of New York.	5,621,151	5,753,151	1676	1494	1494	2656	790	119	15.43	13.55	

*Corrected by redistributing deaths according to borough of residence.

During the first eleven weeks of this year there were 15,942 deaths, a rate of 13.14 per 1,000 population. During the corresponding weeks of last year there were 23,854 deaths, a rate of 19.96 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	23	55	2	9	2	59	38	10	9	15	6	34	94	140	394	145
The Bronx	7	23	1	2	1	18	11	..	..	2	..	7	20	31	109	26
Brooklyn	12	23	1	6	10	48	26	8	3	4	1	29	70	105	260	145
Queens	2	15	..	3	1	11	7	1	1	..	2	2	5	12	63	24
Richmond	3	14	..	..	..	..	1	..	..	..	..	..	3	5	29	6
Total	47	130	4	20	14	186	83	14	13	21	9	72	192	293	855	346

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	91	84.0	6	5.5	3	3	134	30.4	9	2.0	18	4.0
The Bronx	21	74.6	..	..	..	..	34	21.1	..	..	7	4.3
Brooklyn	72	77.1	2	2.1	..	2	107	23.9	3	0.7	10	2.2
Queens	5	27.8	..	..	.	..	18	12.2	1	0.9	1	0.9
Richmond	8	56.9	..	..	.	..	5	21.0	..	..	3	12.6
City of New York.	192	75.8	8	3.2	3	5	298	24.8	13	1.1	39	3.3

During the first eleven weeks of this year 2,263 infants died, a rate of 81. per 1,000 births. During the corresponding weeks of last year 3,190 died, a rate of 114. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 3-5-'21..	176	159	19	33	140	78	6	29	16	9	2	4	1	..	..	92	21	553	212	1550
Admitted ...	60	39	11	20	16	22	4	8	4	..	1	1	..	..	..	16	..	19	17	238
Discharged ..	57	29	9	11	25	22	3	4	2	..	..	1	..	..	..	19	2	13	16	213
Died	2	3	2	2	1	4	..	1	..	..	..	..	..	..	..	1	..	4	3	23
Rem'g 3-12-'21.	177	166	19	40	130	74	7	32	18	9	3	4	1	..	..	88	19	555	210	1552
Total treated	236	198	30	53	156	100	10	37	20	9	3	5	1	..	..	108	21	572	229	1788

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	
All causes	1,494	1,676	817	677	192	44	57	293	69	72	278	436	3
1. Typhoid Fever	3	1	1	2	..	..	..	..	1	1	1	..	
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	6	31	5	1	1	4	..	5	1	..	..	..	
6. Scarlet Fever	11	1	5	6	1	..	7	8	2	1	..	..	
7. Whooping Cough	11	17	8	3	8	2	1	11	..	..	..	..	
8. Diphtheria	19	36	7	12	1	3	11	15	3	..	1	..	
9. Influenza	20	74	11	9	..	..	..	..	3	1	7	6	
Poliomyelitis	1	..	..	1	..	..	1	1	..	..	..	..	
12. Other Epidemic Diseases	10	7	4	6	4	..	..	4	..	..	1	4	
13. Pulmonary Tuberculosis	130	166	82	48	..	..	..	..	2	22	56	41	
14. Tbc. Meningitis	6	5	6	..	1	..	2	3	..	..	3	..	
15. Other forms Tbc.	6	12	5	1	..	1	..	1	1	2	1	1	
16. Cancer, Malignant Tumor	106	109	46	60	..	..	1	1	..	1	21	59	
17. Simple Meningitis	3	7	3	..	2	..	..	2	.	..	..	1	
17a. Cerebro-spinal Meningitis	4	1	4	..	1	..	2	3	1	..	..	..	
18. Apoplexy, Softening of the Brain	19	15	14	5	..	..	..	.	..	..	..	11	
19. Organic Heart Diseases	272	244	138	134	..	..	1	1	5	6	34	98	
20. Acute Bronchitis	14	31	6	8	5	3	1	9	..	..	1	2	
21. Chronic Bronchitis	3	2	2	1	..	..	..	..	..	..	..	2	
22. Lobar Pneumonia	136	121	79	57	6	10	7	23	4	7	33	41	
22a. Broncho Pneumonia	83	122	45	38	28	13	9	50	5	2	5	10	
23. Other Respiratory Diseases	6	18	2	4	..	..	..	..	1	1	1	..	
24. Diseases of the Stomach (Cancer excepted	8	12	6	2	2	..	1	3	..	..	2	3	
25. Diarrhoeal Diseases (under 5 years)	13	35	8	5	8	4	1	13	..	..	..	..	
26. Appendicitis and Typhilitis	13	28	9	4	..	..	..	..	5	3	2	3	
27. Hernia. Intestinal Obstruction	14	25	8	6	..	..	1	1	..	1	1	7	
28. Cirrhosis of Liver	4	7	3	1	1	..	..	1	..	..	..	3	
29. Bright's Disease & Nephritis	88	115	41	47	..	..	..	..	3	..	15	36	
30. Diseases of Women (not Cancer)	11	8	..	11	1	..	..	1	..	1	7	1	
31. Puerperal Septicaemia	1	2	..	1	..	..	..	..	..	..	1	..	
32. Other Puerperal Diseases	10	11	..	10	..	..	..	..	..	2	8	..	
33. Congenital Debility, and Malformations	87	87	50	37	87	..	..	87	..	..	..	..	
34. Old Age	3	5	2	1	..	..	..	..	..	..	..	..	
35. Violent Deaths	81	75	53	28	1	..	7	8	16	9	24	14	
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	
b. Other Accidents	72	66	47	25	1	..	7	8	16	7	19	12	
c. Homicide	9	9	6	3	..	..	..	..	..	2	5	2	
36. Suicide	21	6	17	4	..	..	..	..	..	2	9	9	
*37. All other causes	265	241	143	122	33	4	4	41	16	10	41	87	
38. Ill-defined causes	6	..	4	2	1	..	..	1	..	..	3	2	

Deaths in Institutions,	632	Mean temperature,	49.1 deg.
Mean barometer,	29.96	Maximum temperature,	68.0 deg.
Mean humidity,	72.1	Minimum temperature,	36.0 deg.
Inches of rain,	1.33		

*If the deaths under one month, numbering 107, from all causes, be deducted from the deaths under one year, the resulting rate will be 34 per 1,000 births (weekly average).

†Includes deaths from Erysipelas 10, Syphilis 11, Diabetes 20, Alcoholism 1, Locomotor A 1, Paresis 8, Arterio-sclerosis 53, all other congenital causes 15.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MARCH 26, 1921. No. 13.

OBSERVATION OF IMMIGRANT SCHOOL CHILDREN TO DETECT TYPHUS AND OTHER EPIDEMIC DISEASES.

Since recently arrived immigrant children are being registered in many of the schools of the city, the Commissioner of Health has ordered that special care be taken to detect any epidemic or contagious disease among them.

For this purpose, the medical inspectors and nurses of the Bureau of Child Hygiene have been ordered to make inquiry at each and every school as to whether any pupils who have recently arrived in this country have been admitted. If any are found, the inspectors have been instructed to examine them carefully for any signs or symptoms suggestive of any of the war diseases. Furthermore, these children are to be followed up at home, in order to ascertain family conditions, particularly the existence of body lice on the children, or on other members of the family, especially those who came to this country at the same time with them. In the event of any abnormality whatsoever being found, a detailed report covering the following points is to be made:

1. Name and address of school child.
2. School attended.
3. Address of school.
4. When admitted to school.
5. When arrived at quarantine.
6. When admitted to city.
7. Steamship upon which they arrived.
8. Port of embarkation.
9. Port of entry.

Particulars, as above, are also to be recorded for each and every member of the family who came over on the ship with them.

If any babies or children of pre-school age, who have recently arrived in this country, should be enrolled at any of the Baby Health Stations, the same procedure is to be followed.

GREATER PRECAUTIONS AGAINST TYPHUS BY U. S. PUBLIC HEALTH SERVICE.

Special Measures Against the Introduction of Typhus.

"In view of the increasing number of vessels arriving at ports of the United States during the last six months with typhus infection on board, the Secretary of

Digitized by Google

the Treasury, on January 19, invited the attention of the State Department to the situation in Europe with respect to the prevalence of typhus and the action taken by the Public Health Service in the assignment of medical officers to the various American consulates for the purpose of supervising preventive measures applicable to ships and personnel departing for ports of the United States; and, in pursuance to a specific request of the Secretary of the Treasury, the various consular officials in Europe were instructed that bills of health should be withheld unless the requirements of the United States quarantine regulations covering measures to be undertaken for the prevention of the spread of typhus be observed, the latter to include appropriate disinfestation of all travelers to the satisfaction of the medical officer attached to the consulate.

"In support of this action quarantine officers at ports of the United States were directed, if any vessel carrying passengers arrived from European ports without American consular bill of health appropriately countersigned by a medical officer of the Public Health Service, where such officers were on duty, that the delousing of arriving passengers should be enforced at quarantine stations and the personnel held in detention for the completion of 12 days after delousing is completed.

"The United States Quarantine Regulations contain the provision, automatically applicable, that any vessel arriving with a history of typhus en route, or detected at the time of examination, shall be held in detention for the completion of 12 days after arrival, and all passengers and their personal effects and baggage are to be treated for the destruction of vermin."

—*Public Health Reports, Feb.* 25,'21.

TYPHUS IN TURKEY AND RUSSIA.

As bearing upon the danger of importing European post-bellum diseases, the following quotations are given from an article in the "Lancet." by Dr. F. G. Clemow, the British Delegate, Inter-Allied Sanitary Commissions, Constantinople:

In the present paper an attempt will be made to summarize the records so far as they exist, of recent typhus prevalence in Turkey and some adjoining countries.

In Turkey the disease was rarely seen before the war, and in Constantinople it was scarcely known as an indigenous disorder. Since the outbreak of the war, however, it has become widely epidemic throughout the greater part of the country. Figures, more or less reliable, are available for the years 1916-19 inclusive, and these are quoted in the following table. These figures have been furnished by the Public Health Department of the Turkish Ministry of the Interior. They have a certain relative value, but can only be regarded as approximate, and must be accepted with the same (or even greater) reserve, as in the case of the analogous figures for plague and cholera They are said to include both civil and military records:—

Typhus in Turkey in the Years 1916-19.

C. = cases; D. = Deaths.

	1916		1917		1918		1919	
	C.	D.	C.	D.	C.	D.	C.	D.
Totals	25525	6335	25139	4434	14745	2453	4261	519

The incompleteness of these figures is evident. Many of the blanks and "zeros" indicate, not that the disease was absent, but that the territory had passed out of Turkish possession, either temporarily or permanently. This, to a considerable extent, explains the lower totals for the last two years of the series. Moreover, since the Nationalist revolt in Asia Minor, the Turkish records have become more imperfect than ever, and are now almost confined to the returns for Constantinople itself. In the present year (1920) typhus again became epidemic in the capital in February, March, and April, mainly as a result of the influx of Russian refugees after the defeat of Denikin's army. The highest number of cases in any one week (that ending March 13th) was 78. In the summer the epidemic greatly declined but the disease never wholly disappeared. It has now again become active, with the arrival of a still larger crowd of refugees from the Crimea, after the collapse of Vrangel's army. About 100 cases have already been reported amongst them. Typhus, however, is not the disease from which this latest group of refugees is suffering most; relapsing fever is far more prevalent amongst them, and already the total number of known cases of the latter disease is not far short of 1 00. The total number of cases of typhus in Constantinople during the year just closing will prove to be something between 600 and 700.

In South Russia it has been known that typhus has been widely prevalent for some years past, and each recent winter it has caused an epidemic of considerable intensity. Exact figures, however, have for the most part not been available. The information received here from that country has been scanty and irregular, and it is only possible to quote occasional reports from reliable authorities, throwing more or less light on the degree of prevalence of the disease in certain places. Thus, in the winter of 1918-19 there was an epidemic of great severity. As late as April, 1919, it was known, from British sources, that 370 cases of typhus were in hospital in Novorossisk, 460 in Batoum, and 200 in Alexandropol. The case mortality, however, was not high; it was estimated at about 3 per cent. only. The disease remained prevalent more or less throughout the rest of the year, and in January, 1920, it was again causing a severe epidemic. Exact figures were

Digitized by Google

only occasionally received here; but it is known that in Novorrosiisk alone, on Jan. 31, 763 cases were in hospital; and in the week ending Feb. 7th 218 fresh cases were admitted to hospital, 193 were discharged, 75 died, and there were 872 (sic) remaining at the end of the week.

In March an interesting report was received from French sources upon the sanitary condition in South Russia. Novorossiisk, whose ordinary population numbered about 60,000, was then said to contain some 300,000 persons—mostly refugees from the Bolsheviks. In the Volunteer army, out of 45,000 sick and wounded, 33,000 were reported to be suffering from infectious diseases, and of these more than 25,000 were said to be cases of typhus. The hospitals were enormously overcrowded, and a harrowing account was given of the conditions in Novorossiisk, where large numbers of typhus cases were being treated in their houses, or dying in the trains, the stations, or even in the railway wagons, in which many of the population were living. In a later report the number of typhus cases outside the hospitals was estimated at about 15,000. Sevastopol was in much the same state. Its normal population was estimated at 50,000, and this figure had increased to 150,000 and the hospitals were full of typhus patients. The disease was also raging in other towns. The conditions prevailing at Kharkof, Rostof, Novotcherkask, Taganrog, and Ekaterinodar were said to be much the same as those at Novorossiisk and Sevastopol. The severity of the epidemic may be judged by the statement in a Kharkof medical journal that in that town alone 40 medical men died from typhus in two weeks in December, 1919. But other diseases also, and especially tuberculosis, were causing a high mortality everywhere. The lack of food, water, linen, coal, and all the other prime necessities of life were adding greatly to the sufferings of the people. Infant mortality was excessively high, and venereal diseases were reported to have taken on an immense extension.

In Novorossiisk, on March 30th last, there were 1159 cases of typhus fever in hospital, and on April 6th this figure had increased to 1336. The case mortality, however, was said to be still low. During the summer months the epidemic, as usual, declined. In the late summer and autumn, however, the disease was still present in the Crimea; thus in the week ending August 15th (28th), there were 10 fresh cases in the Russian garrisons of the Crimea; and in August 25th (Sept. 7th) 53 cases remained in the various hospitals; of these, 33 were in the Theodosia hospitals. Since the Crimea fell into the hands of the Bolsheviks, no information has been received as to the presence of disease or as to the other conditions of life prevailing there. With the exodus of some 150,000 refugees from the Crimea to Constantinople, typhus and other diseases have, as already stated, been imported to the Turkish capital. The special prevalence of relapsing fever amongst them has been referred to above, and mention may here be made (as a postscript to the earlier paper upon cholera) of an outbreak of cholera in a Russian refugee camp in the neighborhood of Constantinople. In this camp, situated at Chilingkirkeui, not far from the famous lines of Chataldja and some 20 miles from the capital, some 10,000 refugees were interned. Cholera appeared amongst them in the night of Dec. 9th-10th. In all some 88 cases and 47 deaths occurred. Energetic measures, however, were put in force at the earliest possible moment, and the outbreak came to an end on Dec. 19th, since when no cases have been reported. Four other cases were seen in a French hospital in the town of Constantinople in the first few days of December. All four patients had been in hospital for some time for other diseases. Only one was a Russian, the others being a Greek man, a Greek woman, and a Syrian woman. Neither in these cases nor in those at Chilinghirkeui could the source of infection be traced, and it is believed to have been due to some germ-carrier or carriers from the Crimea. It is, however, to be noted that, so far as our information goes, cholera had ceased to be present in the Crimea some time in October.

Constantinople, Dec. 30th, 1920.

THE VACCINATION CAMPAIGN.

During the months of January and February, vaccinations were performed in the greater city, by the medical inspectors of the Department of Health, in accordance with the tables given below. The total vaccinations during January were 1,170, February 1,594, as contrasted with 6,936 effected during December.

VACCINATIONS DURING JANUARY.

	No. of Centers.	No. of Inspectors.	Total No. of Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs. Issued.
Manhattan	10	10	467	200	267	297	287
Bronx	2	3	231	167	64	155	145
Brooklyn	9	11	398	394	4	557	548
Queens	7	3	37	35	2	24	9
Richmond	1	1	37	35	2	14	14
City	29	28	1170	831	339	1022	1003

VACCINATIONS DURING FEBRUARY.

	No. of Centers.	No. of Inspectors.	Total No. of Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs. Issued.
Manhattan	10	10	544	280	264	331	301
Bronx	2	3	259	225	34	173	212
Brooklyn	9	11	647	641	4	685	696
Queens	7	2	80	73	7	42	42
Richmond	1	1	64	63	1	46	46
City	29	27	1594	1282	312	1277	1296

INTERESTING CASES FROM RECORDS OF DEPARTMENT OF HEALTH.

Septicaemia Simulating Scarlet Fever.

J. D., male, white, 5 years of age, admitted to the Kingston Avenue Hospital, October 7th, 1920.

Past History: Good health. Had measles when about three years of age. Admitted to St. John's Home on Sept. 18th in good physical condition, and had been exposed to scarlet fever while there.

Digitized by Google

Family History: Negative.

Present Illness: May be dated from October 6th, when patient complained of headache and refused food. In the afternoon he had some fever, but did not appear very sick. Next morning, October 7th, he remained in bed and refused breakfast. That evening the patient became more ill, vomited, and a rash appeared on skin of face and chest. He was sent into Kingston Avenue Hospital, with a diagnosis of scarlet fever.

Physical Examination: Well nourished child. Quiet, with no dyspnea. The general appearance was that of an acutely ill patient, however he did not look toxic. There was on the skin of neck, body, and extremities a generalized punctiform, erythematous rash, with no apparent hemorrhagic tendency, fading on pressure, with negative slide test.

The conjunctivae were slightly congested. Pupils were equal and reacted normally to light. Nostrils did not dilate on inspiration and there was no nasal discharge or excoriation. Ears normal.

Tongue was slightly coated, with elevated papillae and congested margins, giving the appearance of "strawberry type." Buccal mucous membrane was clear; tonsils slightly inflamed and hypertrophied, but no evidence of necrosis. Teeth in fair condition, a few carious molars noted. The cervical glands were palpable, but are not markedly hypertrophied; the submaxillary glands about normal. The general appearance of chest was normal. Respiratory excursions were equal and about twenty per minute. On auscultation, a few scattered moist rales were noted. The breath sounds were normal. Percussion revealed no impairment of resonance.

The heart sounds were somewhat accentuated, but no murmurs were noted; rate, one hundred and forty beats per minute. Apex beat was at fourth interspace, about two and one-half inches from mid sternal line. Rhythm good.

Abdomen was soft; no masses palpable; liver dullness normal; inguinal glands not palpable. Patella reflexes were present, not exaggerated. Kernig, Brudzinski, and Babinski negative.

Clinical History: On admission, temperature was 103.2; pulse, 144; respiration, 25. Urine examination negative.

Blood count: White cells, 8,600; Polynuclears, 86 per cent; mononuclears, 14 per cent.

Sputum: Short chain streptococci predominated.

On the basis of the above findings a diagnosis of scarlet fever was made, with a favorable prognosis.

Treatment was supportive, with local antisepsis of nose, throat, and mouth.

On October 10th, patient's condition was worse. Inspiration was labored; there was a productive cough and a few necrotic patches were noted on the tonsils. Chest examination revealed harsh breath sounds over left lung, with a few rales, suspiciously subcrepitant over lower lobe. The right lung presented a few subcrepitant rales over middle and lower lobes. The resonance was only very slightly, if at all, impaired. Patient appeared very toxic and listless, with increased dyspnea. Temperature, 104.5; pulse, 150; respiration, 30.

A blood culture was taken and short chain streptococci with good hemolizing power obtained. On October 11th, condition was very much worse. Temperature 104; pulse, 160; respiration, 50. Chest examination revealed crepitant rales and profuse moist rales over left lung, posteriorly; these signs being accentuated over left base, where the resonance was markedly impaired. Posteriorly, the middle lobe of the right lung was dull on percussion, with bronchial breathing. Moist bronchial rales were profuse, anteriorly and posteriorly. The heart rate was rapid, and slightly irregular. Extremities appeared slightly cyanosed. Condi-

Digitized by Google

tion continued to grow worse, with continued rise in heart rate and increased dyspnea. The child died in the afternoon of this day.

The clinical picture, on admission, was that of a typical non-septic scarlatina. The disease changed to a severe toxic type on the fourth day of illness, coinciding with the development of broncho-pneumonia, and the appearance of septicemia. The rapidity with which the fatal outcome supervened makes a striking clinical picture.

Diphtheria in Man of Eighty-three.

A case of diphtheria in a man 83 years of age was recently reported to the Department of Health. The man was a banker who traveled to business daily by limousine, and who came into contact with no children. There was no known exposure. He first complained of malaise on November 22; his throat became sore on November 24, and he called his physician on November 25. At that time, a grayish membrane was present, hanging behind the uvula. A culture was taken, and reported positive, November 26th, when 8,000 units of antitoxin were injected. Within 24 hours the case cleared up.

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 19, 1921.

The death rate for the city was considerably lower during the past week than during the corresponding week of last year. The total number of deaths reported during the week was 1,450, as compared with 1,554 during the week ending March 20th, 1920. The respective rates were 13.15 and 14.31. This decrease of 1.16 in the weekly rate was equivalent to a saving of 128 lives when allowance is made for the increase in the population. The accumulative death rate for the first twelve weeks of this year is 13.14. During the corresponding period of last year the rate was 19.50. The death rate of infants under one year of age during the first twelve weeks of 1921 was 82, as compared with 114 for the corresponding period of 1920. During the week there was one death in the city from typhus fever (an emigrant from Hungary who was 10 days in the city, who died at the Willard Parker Hospital). Three deaths were reported from encephalitis lethargica. For the first time in many weeks the death rate of pulmonary tuberculosis was higher than during the corresponding week of last year—130 deaths being reported from this cause during the past week, as compared with 119 during the corresponding period of last year.

The mortality of the following diseases was lower during the week just closed than during the corresponding week of 1920:

Measles
Diphtheria
Whooping cough
Cerebro-spinal meningitis
Diarrhoeal diseases
Bright's disease
Influenza
Bronchitis
Broncho-pneumonia
Other tuberculous diseases and diseases of the nerves.

The lower death rate of measles and the diarrhoeal diseases is reflected in the smaller number of deaths among children under 5 years of age, 308 deaths being reported amongst this group during the week, as compared with 433 during the week ending March 20th, 1920. Fifty-seven deaths were reported from accidents, and, as usual, the largest number of these resulted from street accidents, to wit: 17. Fourteen persons died as the result of falls and 9 persons from asphyxiation by gas.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

EDUCATION.—Anderson, V. V. Education of mental defectives in state and private institutions and in special classes in public schools in the U. S. (Mental Hygiene, Jan., 1921. pp. 85-122, tables, illus.)

HEART DISEASE.—Bopp, W. F. Segregation of school children with heart disease. (Arch Pediat., Feb., 1921. pp. 86-89.)

HOOKWORM AND MALARIA.—Rockefeller Foundation. International Health Board. Hookworm and malaria research in Malaya, Java and the Fiji Islands; report of Uncinariasis Commission to the Orient, 1915-1917, by S. T. Darling and others. 1920. 191 pp., plates, charts. (Publication No. 9.) **616.965 R59**

INDUSTRIAL MEDICINE.—Davis, M. M., and L. James. Industrial medicine and the immigrant. (J. Ind. Hyg., March, 1921. pp. 397-422, tables.)

INFECTION.—Irons, E. E. Chronic systemic infections and their sources. (A. M. A. Jour., March 5, 1921. pp. 627-631.)

INFANT FEEDING.—Will, L. W. The necessity of clear thinking in milk modification. (A. M. A. Jour., March 5, 1921. pp. 633-637, tables.)

MENTAL DISEASES.—Polloch, H. M., and E. M. Furbush. Patients with mental disease, mental defects, epilepsy, alcoholism and drug addiction in institutions in the U. S., January 1, 1920. (Mental Hyg., Jan., 1921. pp. 139-169, charts, tables.)

SWIMMING POOLS.—Simons, G. W., Jr., Sanitary control of a public swimming pool. (Am. J. Pub. Health, March, 1921. pp. 234-238, chart, illus.)

TYPHOID.—Clark, H. W. Water supplies and the typhoid rate; the Massachusetts method and a warning reply. (Am. City, Feb., 1921. pp. 171-177, charts.)

TYPHUS FEVER.—Schultz, E. W. Etiology of typhus fever. (Am. J. Med. Sc., Jan., 1921. pp. 79-90.)

TYPHUS.—Doty, A. H. Typhus fever and quarantine. (Med. Rec., March 5, 1921. pp. 379-382.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Dec. 25	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19
Total deaths	1208	1386	1409	1396	1364	1490	1434	1467	1498	1470	1534	1494	1450
Annual Death Rate	10.26	11.52	11.71	11.61	11 84	13.51	13.00	13.30	13 59	13 33	13.91	13.55	13 15
*Acute Infectious Diseases	41	59	47	54	50	60	68	75	69	68	80	54	51
Pul. Tuberculosis..	93	99	119	101	100	109	96	88	117	110	124	130	130
Influenza	8	13	9	15	12	10	10	9	10	10	16	20	18
Lobar Pneumonia..	81	110	146	118	107	107	117	104	115	157	139	136	124
Broncho Pneum...	61	76	80	83	85	86	72	99	87	102	113	83	95
**Violent Deaths ...	78	88	97	61	90	70	91	63	72	65	71	81	61
Deaths under 1 year.	202	186	184	188	213	217	213	209	224	202	240	192	215
Rates per 1,000 births	79.5	73.5	72.5	72 0	83 9	85.3	83.8	82.5	88.4	79.9	94 8	75.8	85.0
Deaths under 5 years	277	287	281	280	314	318	320	339	340	315	357	293	306
" 5-65 years....	649	755	789	710	762	834	794	802	826	814	832	856	820
" 65 years and over	282	344	339	326	298	338	320	326	332	341	345	346	322

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	218	198	271	171	190	307	200	172	291	179	271	336	211
Diphtheria	329	416	5 3	479	480	460	465	506	672	463	470	458	437
Measles	48	74	86	99	88	198	187	101	232	223	202	210	236
Scarlet Fever	256	312	497	522	536	550	516	558	675	520	522	582	517
Chickenpox	104	199	278	321	242	311	292	312	361	297	338	326	320
Influenza	29	64	184	78	84	72	59	84	109	102	101	174	154
Pneumonias	285	261	510	341	335	390	342	391	673	591	539	409	512
Typhoid Fever	9	1	11	8	8	11	12	3	5	8	12	14	8
Whooping Cough ..	44	53	95	99	91	97	99	115	167	153	107	141	121
Syphilis	286	183	416	287	390	463	238	238	406	218	124	223	308
Gonorrhoea	65	63	64	49	71	90	78	54	99	83	51	68	65
Poliomyelitis	1			1	1	..	1	2	4	..	..	1	..
Cerebro-spinal Meningitis	5	8	4	9	7	4	6	3	7	9	9	10	7
Total	1717	1887	2879	2507	25 8	2863	2495	2539	3701	2846	2746	2902	2896

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, March 19, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages	Still-births	Death Rate 1920	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	726	668	660	1058	286	41	16.60	15.19	15.18
The Bronx	732,016	778,528	152	163	149	311	87	6	10.61	10.92	9.99
Brooklyn	2,022,262	2,082,203	550	461	494	1049	174	45	14.05	11.55	12.38
Queens	466,811	495,050	91	108	109	200	28	9	9.97	11.38	11.49
Richmond.....	115,969	120,592	35	65	38	49	5		15.54	28.80	16.44
City of New York.	5,621,151	5,753,151	1554	1450	1450	2667	475	101	14.31	13.15	

*Corrected by redistributing deaths according to borough of residence.

During the first twelve weeks of this year there were 17,392 deaths, a rate of 13.14 per 1,000 population. During the corresponding weeks of last year there were 25,408 deaths, a rate of 19.50 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	16	44	1	3	3	56	51	10	9	14	1	30	108	149	372	142
The Bronx	10	22	1	4	1	16	11	1	1	..	..	2	19	31	87	45
Brooklyn	19	35	1	10	3	42	20	7	7	3	3	16	64	97	261	103
Queens	2	9	..	1	1	8	9	1	1	3	..	8	17	22	62	24
Richmond	..	20	..	..	1	2	4	1	1	..	..	1	7	9	38	8
Total	47	130	3	18	9	124	95	20	19	20	4	57	215	308	820	322

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes	Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	104	96.1	7	6.5	6	1	143	32.4	9	2.0	13	2.9
The Bronx	19	67.5	1	3.5	..	1	31	19.2	1	0.6	9	5.6
Brooklyn	66	70.7	7	7.5	2	5	99	22.1	7	1.6	14	3.1
Queens	18	99.8	1	5.5	.	1	25	23.5	1	0.9	3	2.8
Richmond	8	151.3	..	..	.	..	10	42.0	1	4.2	..	..
City of New York.	215	85.0	16	6.3	8	8	308	26.1	19	1.6	89	3.3

During the first twelve weeks of this year, 2,478 infants died, a rate of 82. per 1,000 births. During the corresponding weeks of last year 3,469 died, a sate of 114. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles.	Miscellaneous.	Kingston Ave. Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Riverside Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanator.	Riverside Hospital	Grand Total.
Rem'g 3-12-'21.	177	166	19	40	130	74	7	32	18	9	3	4	1	..	..	88	19	555	210	1552
Admitted ...	40	33	10	12	18	34	3	12	6	..	2	3	..	..	..	6	..	17	17	213
Discharged ..	50	20	5	14	26	22	3	12	3	5	2	3	..	..	..	23	3	17	14	222
Died	3	7	..	3	2	6	..	1	..	..	..	..	..	..	..	2	1	..	1	26
Rem'g 3-19-'21.	164	172	24	35	120	80	7	31	21	4	3	4	1	..	..	69	15	555	212	1517
Total treated	217	199	29	52	148	108	10	44	24	9	5	7	1	..	..	94	19	572	227	1765

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,450	1,554	769	681	215	49	44	308	50	66	298	406	322
1. Typhoid Fever	1	1	..	1	..	..	..	..	..	..	1	..	..
‡2. Typhus Fever	1	..	1	..	..	..	..	..	..	..	1	..	..
5. Measles	2	33	1	1	2	..	..	2	..	..	..	..	..
6. Scarlet Fever	10	5	6	4	1	2	5	8	1	..	1	..	..
7. Whooping Cough	10	17	3	7	3	5	2	10	..	..	..	..	..
8. Diphtheria	25	27	14	11	2	3	14	19	5	..	1	..	..
9. Influenza	18	46	10	8	1	1	..	2	1	..	5	4	6
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	9	3	..	9	2	...	1	3	..	..	1	5	..
13. Pulmonary Tuberculosis	180	119	82	48	..	..	..	..	2	24	67	33	4
14. Tbc. Meningitis	10	11	7	3	2	3	1	6	2	1	..	1	..
15. Other forms Tbc.	6	12	2	4	1	1	1	3	2	..	..	1	..
16. Cancer, Malignant Tumor	119	116	50	69	..	..	1	1	1	3	20	58	36
17. Simple Meningitis	4	10	3	1	2	..	..	2	1	..	..	..	1
17a. Cerebro-spinal Meningitis	3	5	1	2	1	..	1	2	.	..	..	1	..
18. Apoplexy, Softening of the Brain	16	22	7	9	..	..	..	.	..	..	..	8	8
19. Organic Heart Diseases	262	240	131	131	..	..	..	..	6	6	41	93	116
20. Acute Bronchitis	9	22	3	6	4	3	..	7	..	..	..	1	1
21. Chronic Bronchitis	4	4	..	4	1	1	..	2	..	..	..	..	2
22. Lobar Pneumonia	124	110	67	57	10	4	3	17	6	9	40	38	14
22a. Broncho Pneumonia	95	128	51	44	38	16	4	58	1	..	6	14	16
23. Other Respiratory Diseases	11	16	5	6	..	1	2	3	..	..	2	4	2
24. Diseases of the Stomach (Cancer excepted	8	2	7	1	..	..	1	1	..	..	5	2	..
25. Diarrhoeal Diseases (under 5 years)	19	42	10	9	16	2	1	19	..	..	..	..	..
26. Appendicitis and Typhilitis	13	21	10	3	..	..	..	..	1	3	5	3	1
27. Hernia. Intestinal Obstruction	18	8	10	8	3	..	1	4	1	..	5	5	3
28. Cirrhosis of Liver	8	5	7	1	..	..	..	..	..	..	4	3	..
29. Bright's Disease & Nephritis	102	129	48	54	1	..	..	1	2	1	15	42	40
30. Diseases of Women (not Cancer)	7	9	..	7	..	..	..	..	..	..	6	1	..
31. Puerperal Septicaemia	5	4	..	5	..	..	..	..	..	1	4	..	..
32. Other Puerperal Diseases	14	7	..	14	..	..	..	..	..	4	10	..	..
33. Congenital Debility, and Malformations	104	72	63	41	103	..	..	103	1	..	..	..	..
34. Old Age	5	7	3	2	..	..	..	..	..	..	..	1	4
35. Violent Deaths	61	63	40	21	..	4	3	7	6	4	23	11	10
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	57	62	36	21	..	4	3	7	6	4	19	11	10
c. Homicide	4	1	4	..	..	..	..	..	..	..	4	..	..
36. Suicide	20	8	19	1	..	..	..	..	..	1	6	9	4
*37. All other causes	195	235	106	89	22	3	3	28	11	9	28	67	57
38. Ill-defined causes	2	..	2	..	..	..	..	..	..	..	1	1	..

Deaths in Institutions,	608	Mean temperature,	47.0 deg. Fa
Mean barometer,	29.95	Maximum temperature,	64.0 deg. Fa
Mean humidity,	60.0	Minimum temperature,	37.0 deg. Fa
Precipitation,	.07		

†If the deaths under one month, numbering 116 from all causes, be deducted from the to deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 8, Syphilis 4, Diabetes 21, Alcoholism 0, Locomotor Ata 2, Paresis 7, Arterio-sclerosis 49, all other congenital causes 12.

‡NOTE: Only ten days in this country.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. APRIL 2, 1921. No. 14.

THE SCHICK TEST AND TOXIN-ANTITOXIN IMMUNIZATION IN THE PUBLIC SCHOOLS.

Co-operation of Physicians Desired.

The newer methods of determining and producing immunity against diphtheria have proved so successful that the work is being extended on an increasing scale in the public schools of this city. With the consent of the parents, the children are given the Schick test and, if they show a positive reaction, receive injections of toxin-antitoxin. Generally, three injections are given, at weekly intervals. Experience has shown, however, that two injections of toxin-antitoxin will protect over 70 per cent of the susceptible children.

In order to facilitate the work in the schools and save unnecessary injections, the children showing a positive Schick reaction will receive two injections of toxin-antitoxin. They will then be retested with the Schick test, at the end of two to three months, and only those children who still show a positive reaction will receive the third injection of toxin-antitoxin. A certificate of immunity against diphtheria will be issued to children who are found to be naturally immune, and to those who have been successively immunized with toxin-antitoxin.

Private physicians are urged to do the Schick test, and give the toxin-antitoxin injections to children of school and pre-school age, who are under their professional care. The Department of Health will be glad to co-operate by furnishing literature and material for this purpose. To make the Schick outfits and the toxin-antitoxin more easily available to physicians, a list of supply stations where this material can be obtained will soon be printed in the Bulletin. In the meantime, the Schick outfits and the toxin-antitoxin can be procured at any of the Borough Offices of the Department of Health. They will also be sent through the mail to any physician who desires to use them and communicates with the Research Laboratory, foot of E. 16th St., Manhattan. (Telephone, Stuyvesant 1600).

PROPER USES OF ACTIVE IMMUNIZATION WITH TOXIN-ANTITOXIN AND PASSIVE IMMUNIZATION WITH ANTITOXIN IN THE PREVENTION OF DIPHTHERIA.

Information has reached the Department that some private physicians are giving toxin-antitoxin as a preventive against diphtheria, when there is an outbreak of the disease in a family. *It is very important to re-emphasize the fact,* which has been

Digitized by Google

repeatedly stated in the circulars issued by the Department of Health on this subject, that toxin-antitoxin should *not* be used when there is exposure to diphtheria and immediate danger from the disease. Under such circumstances, only antitoxin should be given to susceptible individuals as a preventive against diphtheria. The reason for this is that the injection of antitoxin confers an *immediate passive immunity* against diphtheria. On the other hand, the injections of toxin-antitoxin bring about an *active and rather permanent immunity against* diphtheria, *only after* 4 *to* 8 *weeks. The indications then are to use antitoxin when there is exposure and immediate danger,* and to use toxin-antitoxin in the general active immunization of susceptible or Schick-positive individuals. The injection of a prophylactic dose of antitoxin should be followed, after one month, by three injections (one a week) of toxin-antitoxin. It is necessary to allow about four weeks to pass so as to be certain that the antitoxin has been eliminated from the body; otherwise by its presence, it will over neutralize the toxin-antitoxin and so interfere with the successful result.

TYPHUS FEVER CLINIC AT WILLARD-PARKER HOSPITAL.

A typhus clinic was conducted by Dr. W. L. Somerset, the Chief Diagnostician of the Bureau of Preventable Diseases, of the Department of Health, on Sunday, March 13, 1921, at the Willard-Parker Hospital. The clinic was well attended, and the clinical material was satisfactory. We were fortunate in having Dr. Nathan Brill at the clinic. Dr. Brill gave much interesting information concerning endemic typhus fever, and called attention to differences between endemic and epidemic typhus. These differences pertain to seasonal prevalence and to modes of transmission and, in his opinion, require further investigation. Dr. Brill also explained the limitations of the Felix-Weil test, and pointed out that a positive reaction was obtained, even in dilutions of 1 to 50, in febrile cases to whom coal-tar drugs had been administered. Most authorities consider that this test must be positive in dilutions of 1 to 80, and over, to be reliable.

ANOTHER NARCOTIC CLINIC TO BE CLOSED.

One of the last municipal narcotic dispensaries to remain in operation was that maintained by the State Board of Health at New Orleans, Louisiana. So much criticism had been made of this clinic by officials of the U. S. Internal Revenue Bureau and others that it was decided to appoint a medical committee to determine future policy. This committee, consisting of representatives of the State Board of Health, the State Medical Society, the City Board of Health, and the Orleans Parish Medical Society, held a meeting on February 27th, 1921, and unanimously adopted the following resolutions:

1. All persons suffering from incurable diseases requiring habit-forming drugs to relieve their suffering, and who are financially unable to buy such drugs at the current retail price, should be furnished, as heretofore, their necessary drugs by the dispensary of the State Board of Health, upon the written prescription of any reputable, registered, physician, who shall, in addition to prescribing the amount of the drug and directions for its administration, set forth the nature of the disease from which the patient is suffering, and further certify that the patient is unable to buy the drug at current rates.

2. All persons addicted to the use of habit-forming drugs, who have no incurable disease rendering necessary the administration of such drugs for relief of suffering, do not come within the exemption clause of the federal law prohibiting the sale or administration of such drugs. This board cannot, therefore, lawfully recommend the sale or administration of habit-forming drugs to addicts.

3. This board, while realizing its obligations to refuse to place its sanction upon a violation of the law, insists that immediate and sudden compliance with the law will cause unnecessary suffering, and is therefore inhumane. This board therefore recommends to the Louisiana State Board of Health the cessation of sale and administration of the habit-forming drugs to addicts and, at the same time, the creation of facilities for the proper care and treatment of addicts.

4. Further, pending the action of the public authorities in creating such facilities which are urgently necessary, this board, by authority of the resolution creating it, directs the Medical Officer of the Local Dispensary of the Louisiana State Board of Health to continue for a

Digitized by Google

period of fifteen days from March 1 to dispense and administer as heretofore habit-forming drugs to patients with incurable disease and to addicts.

5. The Louisiana State Board of Health is requested to ratify the action of the board, as above outlined.

6. Finally, this board considers that it is its duty to present these resolutions as a report to the governor of the State of Louisiana, Louisiana State Board of Health, New Orleans City Board of Health, Louisiana State Medical Society, Orleans Parish Medical Society, the United States District Attorney and the public press.

The report is signed by Drs. I. I. Lemann (chairman), John B. Elliott, Jr., C. V. Unsworth and B. A. Ledbetter.

MORTALITY OF FOREIGN CITIES WITH OVER 200,000 POPULATION, FOR 1919.

The statistics shown in the following table are the result of a communication which was sent to most of the large cities of Europe and Great Britain, of which publication has been, unfortunately, delayed.

The crude death rate of all the cities specified in the table, with the exception of Kristiana, show a higher mortality than that of the City of New York. The city showing the lowest death rate is Kristiana, with a death rate of 12.17; Amsterdam showed a death rate of 12.58. The highest death rate in the table is reported in the City of Budapest, with a death rate of 19.89, the second highest death rate being that of Vienna, with a death rate of 17.56.

A much better indication of the health conditions prevailing in these cities is the infant mortality rate, that is, the number of deaths per 1,000 children born during the year. In Budapest, 156 died out of every 1,000 infants born; in Vienna, 149; in Munich, 133; and in Cologne, 131. These rates were far and away above the death rates in the other cities. Glasgow and Leipzic show a rate of 114; Bradford and Milan, 113; Liverpool, 110. Kristiana showed an extremely low rate of 59, as did Amsterdam, with its rate of 60. Birmingham, England, and London, England, approximate each other with the respective rates of 84 and 85, and are only a few points higher than New York City, 82.

In a number of cities, the death rates as to typhoid fever are of little value, by reason of the inclusion of other forms of fever with the deaths from typhoid. Among the cities that maintained their specific death rate from this cause, Amsterdam and Budapest show the highest rates. New York, London, Glasgow, Birmingham, Liverpool, and Munich showed extremely low rates, of 1 per 100,000 of the population.

The combined mortality from measles, scarlet fever, whooping cough and diphtheria per 100,000 of the population, showed that Glasgow was hit hardest by infection, with a death rate of 105; Liverpool, 56; Cologne, 54; Amsterdam, 49; Birmingham, 47; Hamburg, 40; Bremen, 39; Stockholm and London, 34; New York and Budapest, 30. The low rate of this latter city is rather questionable, as there was no death rate from measles, nor are we able to gauge the prevalence of measles in that city by the death rate from the pneumonias, which was not furnished. Milan and Bradford showed extremely low death rates of 14.

It would hardly be fair to discuss the death rate from influenza, without taking into consideration therewith the death rates from the pneumonias, and as many of the cities have neglected to furnish such death rates, the comparison would be of little value.

The recorded death rates of pulmonary tuberculosis show extremely high rates in the German, Austrian and Hungarian cities, thus giving us a picture of the conditions which prevailed there, in the year 1919, as to scarcity of proper and nutritious food. The death rate in Budapest was 386, out of every 100,000 of the population; Vienna, 366; Leipzic, 281; Dresden, 242; Bremen, 231; Cologne, 216. These rates show in striking contrast with the low rate of 122 in London, and 123, in New York City.

Digitized by Google

COMPARATIVE MORTALITY OF FOREIGN CITIES FOR WEEK ENDING [illegible]

Cities.	Est. Pop.	Total Deaths.	Rate Per 1,000 Population. Death Rate.	Total Births.	Birth Rate.	Total Still Births.	Still Birth Rate.	Rate Per 100,000 Population. Typhoid Fever.	Measles.	Scarlet Fever	Whooping Cough.	Diphtheria and Croup.	Influenza.	Pul. Tuberculosis	Other Forms of T. B.	Cancer and Sarcoma.	Epidemic Cerebro-spinal Men.	Pneumonia Lobar.	Bronchc.	Rate per 1,000 Total Deaths Under One Year
Bremen, Germany	255,323	3,799	14.87	4,755	18.62	154	.60	..	9	3	7	20	60	231	66	96	†	•	•	94.8
Kristiana, Norway	258,616	3,148	12.17	4,681	18.10	211	.82	2	1	1	5	22	120	151	36	100	1	71	28	59.4
Bradford, England	294,504	4,687	15.92	4,023	13.66	180	.61	3	2	2	1	9	211	107	21	129	3	56	55	112.8
Stockholm, Sweden	411,829	5,783	14.04	5,454	13.23	106	.26	3	9	3	2	15	223	200	40	123	1	69	32	56.7
Dresden, Germany	531,729	8,223	15.47	8,207	15.44	335	.63	•	1	3	5	13	52	242	29	137	..	•	•	93.4
Leipzig, Germany	600,000	9,314	15.52	10,066	16.78	310	.52	•	1	3	12	13	48	281	51	120	†	•	•	113.7
Köln Cologne, Germany	623,216	9,483	15.21	13,010	20.85	452	.73	•	3	3	19	29	70	216	62	120	2	65	99	130.8
Amsterdam, Holland ...	641,641	8,137	12.68	12,590	19.62	461	.72	12	24	2	15	8	21	160	37	128	1	37	73	59.9
Munich, Germany	650,000	10,422	16.03	11,427	17.58	328	.51	1	12	1	4	7	63	194	27	154	2	•	•	182.8
Milan, Italy	709,837	11,829	16.67	8,764	12.35	445	.63	•	1	2	6	5	65	202	56	118	2	•	•	113.3
Manchester, England ...	778,229	10,854	13.95	13,932	17.90	442	.57	2	13	3	5	5	145	122	30	112	1	37	73	97.7
Liverpool, England	781,948	13,283	16.99	18,694	23.91	377	.48	1	13	9	7	27	149	139	32	100	3	107	125	109.9
Birmingham, England ..	910,000	12,000	13.19	19,335	21.25	744	.82	1	21	5	7	14	117	112	19	103	1	52	36	84.3
Hamburg, Germany	965,000	13,940	14.45	15,137	15.69	537	.56	2	6	5	6	23	62	177	33	114	1	•	•	94.7
Budapest, Hungary 1,061,374		20,908	19.89	19,442	18.49	639	.61	11	..	11	9	10	27	386	52	122	..	•	•	156.0
Glasgow, Scotland 1,113,454		18,237	16.88	25,885	23.20	‡		1	29	4	57	15	25	104	47	112	4	154	162	113.7
Vienna, Austria 2,331,062		40,932	17.56	24,347	10.44	3,104	1.33	•	5	2	8	5	23	366	89	112	1	•	•	148.9
London, England 4,358,309		59,114	13.56	82,525	18.94	‡	‡	1	8	3	5	18	98	122	23	125	3	25	51	85.3
New York City, N. Y...6,006,794		74,453	12.39	130,377	21.71	5,964	1.00	2	4	2	3	21	80	123	18	86	3	108	77	82.0

†Less than 1 per 100,000.
•Not reported separately.
‡Not reported.

Digitized by Google

VACANT BEDS IN PUBLIC HEALTH SERVICE HOSPITALS.

Recent statements that the U. S. Public Health Service had 4,000 vacant beds in its hospitals while asking for more hospitals has brought out the following reply:

"In Feb. 19, the date of our last weekly report," said Surgeon General Cumming of the U. S. Public Health Service, today, "about 2,200 beds were vacant in our hospitals. Of these about 1,200 beds were 'new' beds in hospitals just opened or in additions to older hospitals; none of them were really in full working order. This leaves about 1,000 vacant beds or 6 per cent of our total capacity of 17,394. This does not, of course, include our patients in rented beds in contract hospitals, who numbered 10,213.

"Six per cent leeway is a frightfully narrow margin on which to run any hospital; for any day, any hour, the hospital may be swamped by new patients. Particularly is this so in hospitals for soldier patients, a very large per cent of whom are continually asking for discharge or transfer to other hospitals, or leaving without formality. The turnover in our hospitals for the week was 2,274 admitted and 1,785 discharged.

"The six per cent does not of course refer to the same beds or to beds in the same hospital, city, state, or even section of the country. Almost any one of our hospitals may and not infrequently does run 20 per cent below on one day and 10 per cent over on the next—with the men sleeping in improvised beds till they can be transferred to other hospitals.

"The situation is made more difficult by the necessity of setting aside 20 out of our 56 hospitals for special troubles—12 for tuberculosis patients, 7 for neuro-psychiatric patients and one for epileptics. Such patients are of course not interchangeable.

"Another difficulty arises from the lack of personnel, especially of nurses, the demand for whom is everywhere pressing. In spite of its utmost efforts, the Service has been unable to recruit its corps fast enough to keep pace with the increase in its patients; and it is now about 300 short. Without nurses, a hospital cannot be efficiently conducted; and the Service is continually being forced, now in this hospital and now in that, to keep down the number of patients or to render insufficient service to all.

"Similar shortages exist in the ranks of its reconstruction aides and its dietitians, all of whom, like its nurses, are women. Lack in these bodies though not quite so vital, nevertheless means much to the health and the comfort of the patients."

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 26, 1921.

During the past week 1,398 deaths were reported in the Greater City as compared with 1,535 during the corresponding week of last year. The respective rates were 12.68 and 14.14. This difference of 1.46 in the weekly rate is equivalent to a saving of 161 lives, when allowance is made for the increase in the population.

Seven deaths were reported during the week from encephalitis lethargica and one death from typhus fever. The mortality of the other contagious diseases was lower during the week than during the week ending March 27th, 1920, with the exception of scarlet fever. The following are the number of deaths reported from these diseases during the past week and during the corresponding week of 1920:

	1921	1920
Measles	2	25
Scarlet Fever	8	3
Diphtheria	18	31
Whooping Cough	8	19
Typhoid Fever	1	5

The mortality of the following was also lower during the past week than during the week ending March 27th, 1920:

Diarrhoeal diseases
Other digestive diseases
Cancer
Bright's disease
Influenza
Bronchitis
Broncho-pneumonia
Pulmonary tuberculosis and
Other tuberculous diseases.

Considered from the viewpoint of age grouping, there were 123 fewer deaths reported amongst children under 5 years during the past week and 13 fewer deaths amongst persons over 65. The accumulative death rate for the first 13 weeks of 1921 was 13.10 as compared with 19.08 during the first 13 weeks of 1920. The infant death rate for the expired part of 1921 was 33 points lower than during the corresponding period of 1920, the respective rates being 80 and 113. Sixty-three deaths were reported during the week from accidents. One third of these were caused by automobiles; 11 persons died as the result of falls and 12 were asphyxiated by gas. Six died as the result of burns.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BOTULISM.—Burke, Victor, and others. Treatment in botulism. (Arch. Int. Med., March, 1921. pp. 265-304, tables.)

CARRIERS.—Savage, W. G. Domestic animals as a factor in the spread of infection. (Royal Statistical Institute Journal, March, 1921. pp. 285-291.)

ENCEPHALITIS.—Strecker, E. A., and F. B. Marsh. A case of epidemic encephalitis with unusual features. (A. M. A. Jour., March, 1921. pp. 777-778.)

IMMIGRANTS.—U. S. House of Representatives, Committee on Immigration and Naturalization. Physical examination of immigrants; hearing before, Jan. 11, 1921; statements of Joseph Broadman and R. H. Creel. 1921. 26 pp. VF

INFLUENZA.—Richter, C. M. Influenza pandemics depend on certain anticyclonic weather conditions for their development. (Arch. Int. Med., March, 1921. pp. 361-363, charts, tables.)

NUTRITION.—Carter, H. S., and others. Nutrition and clinical dietetics. 2nd. ed., 1921. 703 pp. 613.2C94

PLAGUE.—McCoy, G. W. The problem of plague in the United States. (Am. J. Hyg., March, 1921. pp. 182-191, tables.)

QUARANTINE.—U. S. Public Health Service. Quarantine laws and regulations of the U. S. (Amendment for 1920 inserted.) rev. ed., 1920. 73 pp. 614.46Usq

TELEPHONES.—Saelhof, C. C. The bacterial content of telephones with special reference to respiratory pathogens. (Am. J. Hyg., March, 1921. pp. 284-288, tables.)

TYPHUS.—N. Y. Academy of Medicine. Public Health Committee. Report on typhus. 1921. 3 pp. typewritten. VF

VACCINATION.—Goldberger, I. H. A new site for smallpox vaccination. (N. Y. Med. Jour., Dec. 25, 1920. pp. 1085.)

VENEREAL DISEASES.—MacAlister, C. J. What venereal diseases cost the community. (Soc. Hyg., Jan., 1921. pp. 1-12.)

VITAL STATISTICS.—Hemenway, H. B. Birth and death certificates as legal evidence. (Am. J. Pub. Health, Jan., 1921. pp. 1-5.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Jan. 1	Jan. 8	Jan. 15	Jan 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26
Total deaths	1386	1409	1396	1364	1490	1434	1467	1498	1470	1534	1494	1450	1398
Annual Death Rate	11 52	11.71	11.60	11 34	13.51	13.00	13.30	13.59	13 33	13.91	13.55	13.15	12.68
*Acute Infectious Diseases	59	47	54	50	60	68	75	69	68	80	54	51	40
Pul. Tuberculosis..	99	119	101	100	109	96	88	117	110	124	130	130	114
Influenza	18	9	15	12	10	10	9	10	10	16	20	18	17
Lobar Pneumonia..	110	146	118	107	107	117	104	115	157	139	136	124	122
Broncho Pneum...	76	80	83	85	86	72	99	87	102	118	83	95	92
**Violent Deaths ...	88	97	61	90	70	91	63	72	65	71	81	61	66
Deaths under 1 year.	186	184	183	218	217	213	209	224	202	240	192	215	171
Rates per 1,000 births	78.5	72.5	72 0	88 9	85.3	83.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5
Deaths under 5 years	287	291	280	314	318	320	339	340	315	357	293	308	274
" 5-65 years....	755	789	740	752	834	794	802	826	814	832	856	820	812
" 65 years and over	344	339	326	298	338	320	326	332	341	345	346	322	312

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	198	271	171	190	307	200	172	291	179	271	336	211	206
Diphtheria	416	5 3	479	480	460	465	506	672	463	470	458	437	376
Measles	74	86	99	88	198	187	101	232	223	202	210	286	196
Scarlet Fever	312	497	522	536	550	516	558	675	520	522	582	517	450
Chickenpox	199	278	324	242	311	292	312	361	297	338	326	320	226
Influenza	64	184	78	84	72	59	84	109	102	101	174	154	165
Pneumonias	261	510	341	335	390	342	391	673	591	589	409	512	447
Typhoid Fever	1	11	8	8	11	12	3	5	8	12	14	8	7
Whooping Cough ...	58	95	89	91	97	90	115	167	158	107	141	121	109
Syphilis	183	416	337	380	463	238	238	406	218	124	223	308	222
Gonorrhoea	63	64	49	71	90	78	54	99	83	51	68	65	56
Poliomyelitis			1	1	..	1	2	4	..	..	1	..	..
Cerebro-spinal Meningitis	8	4	9	7	4	6	3	7	9	9	10	7	4
Total	1837	2879	2507	2563	2963	2496	2539	3701	2846	2746	2902	2886	2464

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, March 26, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	734	616	590	1158	222	52	16.78	14.12	13.52
The Bronx	732,016	778,528	165	152	148	310	10	10	11.52	10.19	9.92
Brooklyn	2,022,262	2,082,203	482	484	505	1039	176	49	12.81	12.13	12.65
Queens	466,811	495,050	111	105	121	200	20	12	12.16	11.07	12.75
Richmond.....	115,959	120,592	43	41	34	50	20	3	19.09	17.74	14.71
City of New York.	5,621,151	5,753,151	1535	1398	1898	2757	448	126	14.14	12.68	

*Corrected by redistributing deaths according to borough of residence.

During the first thirteen weeks of this year there were 18,790 deaths, a rate of 13.10 per 1,000 population. During the corresponding weeks of last year there were 26,943 deaths, a rate of 19.08 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	13	39	2	6	3	52	45	12	12	9	2	33	78	126	378	117
The Bronx	8	24	..	2		11	9	..	..	3	..	7	12	24	91	37
Brooklyn	11	30	1	7	4	48	30	13	11	6	1	16	66	102	260	122
Queens	3	15	..	2	1	7	7	2	2	..	..	6	10	15	64	26
Richmond	1	6	..	..	1	4	1	..	..	..	..	1	5	7	24	10
Total	36	114	3	17	9	122	92	27	25	18	3	63	171	274	812	312

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	76	70.2	10	9.2	5	5	122	27.7	12	2.7	10	2.3
The Bronx	13	46.0	..	..	..	..	26	16.1	..	..	5	3.1
Brooklyn	64	68.5	8	8.6	2	6	103	23.0	11	2.5	7	11.6
Queens	13	71.9	1	5.5		1	18	16.9	2	1.9	3	2.8
Richmond	5	94.8	..	..	.	..	5	21.0	..	..	..	..
City of New York.	171	67.5	19	7.5	7	12	274	23.2	25	2.1	25	2.1

During the first thirteen weeks of this year 2,649 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 3,718 died, a rate of 113. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 3-19-'21.	164	172	24	35	120	80	7	31	21	4	3	4	1	..	..	69	15	555	212	1517
Admitted ...	48	44	9	14	21	12	1	3	..	2	..	3	..	..	..	23	..	18	25	223
Discharged ..	42	47	7	17	26	20	3	3	2	4	1	3	..	..	..	20	14	23	13	245
Died	4	4	..	3	..	2	..	1	..	..	..	..	..	..	..	..	..	..	1	15
Rem'g 3-26-'21.	166	165	26	29	115	70	5	30	19	2	2	4	1	..	..	72	1	550	223	1480
Total treated	212	216	33	49	141	92	8	34	21	6	3	7	1	..	..	92	15	573	237	1740

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
	1,398	1,535	772	626	171	45	58	274	69	78	284	361	312
All causes	1	5	1	..	..	..	..	..	..	..	1	..	..
1. Typhoid Fever	1	..	..	1	..	..	..	..	..	..	1	..	..
2. Typhus Fever	2	25	..	2	1	..	1	2	..	..	..	..	..
5. Measles	8	3	7	1	..	2	2	4	2	1	1	..	..
6. Scarlet Fever	8	19	3	5	3	4	1	8	..	..	..	..	..
7. Whooping Cough	18	31	8	10	1	3	7	11	5	..	1	1	..
8. Diphtheria	17	44	7	10	..	2	..	2	1	2	3	6	3
9. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	5	7	3	2	1	1	..	2	..	..	1	1	1
12. Other Epidemic Diseases	114	147	72	42	..	..	1	1	1	23	51	23	5
13. Pulmonary Tuberculosis	12	12	7	5	3	3	3	9	2	..	1	..	..
14. Tbc. Meningitis	5	7	4	1	..	1	..	1	..	1	3	..	..
15. Other forms Tbc.	101	106	49	52	..	..	..	..	1	1	15	55	29
16. Cancer, Malignant Tumor	8	10	5	3	2	1	..	3	1	..	1	3	..
17. Simple Meningitis	3	1	3	..	1	1	..	2	1	..	..	..	..
17a. Cerebro-spinal Meningitis	18	15	10	8	..	..	..	.	..	..	1	6	11
18. Apoplexy, Softening of the Brain	246	206	114	132	..	2	..	2	9	4	31	90	110
19. Organic Heart Diseases	9	22	4	5	4	..	3	7	1	..	..	..	1
20. Acute Bronchitis	2	4	2	..	1	..	..	1	..	..	1	..	..
21. Chronic Bronchitis	122	88	78	44	5	6	8	19	2	9	42	28	22
22. Lobar Pneumonia	92	127	54	38	29	10	8	47	5	4	8	15	13
22a. Broncho Pneumonia	16	7	12	4	..	1	2	3	1	1	4	1	6
23. Other Respiratory Diseases	12	10	9	3	4	..	..	4	..	1	5	1	1
24. Diseases of the Stomach (Cancer excepted	25	42	13	12	19	3	3	25	..	..	..	..	..
25. Diarrhoeal Diseases (under 5 years)	14	20	6	8	..	..	..	..	1	1	6	5	1
26. Appendicitis and Typhilitis	12	17	8	4	..	..	1	1	..	1	4	6	3
27. Hernia. Intestinal Obstruction	3	4	1	2	..	..	..	..	..	..	..	3	..
28. Cirrhosis of Liver	34	124	47	37	1	..	..	1	1	3	8	37	24
29. Bright's Disease & Nephritis	7	5	..	7	..	..	..	..	..	1	4	2	..
30. Diseases of Women (not Cancer)	10	8	..	10	..	..	..	..	..	..	10	..	..
31. Puerperal Septicaemia	19	11	..	19	..	..	..	..	..	3	16	..	..
32. Other Puerperal Diseases	71	68	44	27	70	1	..	71	..	..	..	..	..
33. Congenital Debility, and Malformations	7	7	3	4	..	..	..	..	..	..	..	..	7
34. Old Age	66	89	50	16	..	..	10	10	14	2	13	19	8
35. Violent Deaths	..	..	..	..	..	..	..	..	..	..	..	..	..
a. Sunstroke	63	82	48	15	..	..	10	10	14	2	11	18	8
b. Other Accidents	3	7	2	1	..	..	..	..	..	..	2	1	..
c. Homicide	18	13	14	4	..	..	..	..	1	3	7	2	5
36. Suicide	239	290	133	106	26	4	8	38	19	12	43	70	52
*37. All other causes	3	1	1	2	..	..	..	..	1	..	2	..	..
38. Ill-defined causes													

Deaths in Institutions,	606	Mean temperature,	54.1 deg. Fahr.
Mean barometer,	30.06	Maximum temperature,	84.0 deg. Fahr.
Mean humidity,	66.9	Minimum temperature,	33.0 deg. Fahr.
Precipitation,	.72		

†If the deaths under one month, numbering 87 from all causes, be deducted from the total deaths under one year, the resulting rate will be 33 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 8, Diabetes 24, Alcoholism 4, Locomotor Ataxia 1, Paresis 7, Arterio-sclerosis 55, all other congenital causes 15.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. APRIL 9, 1921. No. 15.

NEW RULES REGARDING DISTRIBUTION OF SCHICK TEST OUTFITS AND TOXIN-ANTITOXIN.

The demand by practicing physicians for material for the Schick test and the Schick test control, as well as for toxin-antitoxin has become great enough to warrant their distribution through consignment stations. To prevent waste, however, it seems advisable to limit the distribution, for the present, to a selected number of stations. These stations have been so selected that each will be easily accessible from the surrounding area. A list of these stations is appended.

As stated, the list of stations has been limited to prevent wastage. If we were to immediately stock all Department Consignment Stations ("Culture Stations") with these products, the amount required would be very large. If the demand, at even a moderate number of stations, was not sufficient to take up these products before the dates of expiration of their usefulness, the loss would be considerable. This loss, with the present unprecedented demands for biological products, the shortage of help, appropriations, and supplies, would be serious. For the present, physicians can obtain these products, without charge, for use on residents of New York City.

New Shick-test and Schick-test-control outfits are being prepared, and as soon as these are ready, a price of 25c will be charged for each. At the same time, toxin-antitoxin will also be supplied in 3.5 c.c. vials, sufficient for the immunization of one person, at the price of 25c. These new outfits and vials will be ready for distribution about May 1st next. When the charge is enforced at the Consignment Stations it will also be enforced at all the Department Offices. No free slip distribution will be allowed. Free distribution to clinics, hospitals, and custodial institutions will, however, be made, as heretofore, from the Central Laboratory, at the foot of East 16th Street, Manhattan.

The above procedure will be rigidly enforced, as the privilege of obtaining biological products without charge, through the formality of certifying that the patient is unable to pay, is being generally abused. This certification is being made where the physician receives his full fees. This means not only a loss of revenue available for support of the Laboratory but also discontent among druggists. As consignment agents, they receive a percentage on sales. If the distribution is mostly free, they receive no return for their trouble and expense in maintaining a station. The physician then complains that our agents do not show

Digitized by Google

sufficient interest in keeping their stock fresh and adequate in amount. The agent is only human, and the fault lies equally with the physician who is depriving him of his just monetary return, and incentive for good work.

The Department of Health is ready to do the Schick test, and inject toxin-antitoxin free of charge, so there is no reason for any one being deprived of the benefits of these products, because of inability to pay. This work is being done at the Baby Health Stations and Department Clinics, a list of which is given below.

In connection with the injection of toxin-antitoxin for active immunization against diphtheria, it is important to remember the following: Ten per cent. of the Schick-positive cases are refractory to three injections; and fifteen per cent. to two injections. A final Schick test, therefore, should be made, about three months after the toxin-antitoxin injections, to determine whether the immunization has been successful or not. If a positive reaction is obtained, a second series of two injections of toxin-antitoxin is advised.

Consignment Stations Receiving Schick Material.

Manhattan.

Druggist.

Albert, 112 Lenox Avenue
Bigelow, 106 Sixth Avenue
Gilbert, 527 Grand Street
Kalish Pharmacy, 15 E. 159th Street
Trau, 2128 Third Avenue
Tufts, 1359 St. Nicholas Avenue
Spangenberg, 460 Columbus Avenue
Henrickson, 1800 Amsterdam Avenue
Dorb, 3181 Broadway
Kerley, 2519 Broadway
Pugliese, 2146 Second Avenue
H. Walters, 213 Second Avenue
Bass & Co., 243 Broome Street

Bronx.

Cherey, 315 Alexander Avenue
Fincke, 3461 White Plains Avenue
Kervan, 1020 Westchester Avenue
Miller, 448 E. Tremont Avenue
Jones, 350 E. Fordham Road

Brooklyn.

Heydenreich Bros., 167 Atlantic Avenue
Packchar, 1667 Pitkin Avenue
Pfister & Sitterley, 1293 Fulton Street
Quassman, 3343 Fulton Street
Reich & Yeoman, 1084 Flatbush Avenue
Scheidt, 950 Broadway
Wilson Pharmacy, 242 Flatbush Avenue
Wolff, 6902 Third Avenue
Saletan, 313 Bedford Avenue
A. Diehl, 644 Bedford Avenue

Queens.

Johnston Drug Co., Justice St., Elmhurst, L. I.
Hepburn, 103 Main St., Flushing, L. I.
Lowe Bros., 1002 Central Ave., Far Rockaway, L. I.

Richmond.

Kerr, 1916 Richmond Terrace, Port Richmond, S. I.
Benson, 514 Richmond Terrace, New Brighton, S. I.

Baby Health Stations and Clinics.

(Where free Schick tests and injections of toxin-antitoxin may be had.)

Manhattan.

306 Avenue A
73 Cannon Street
108 Cherry Street
172 East 3rd Street
326 East 11th Street
513 East 11th Street
241 East 40th Street
348 East 74th Street
205 East 96th Street
225 East 107th Street
315 East 112th Street
343 Pleasant Avenue
174 Eldridge Street
43 East 133rd Street
48 Henry Street
95 Forsyth Street
197 Hester Street
206 Madison Avenue
214 Monroe Street
244 Mulberry Street
78 Ninth Avenue
209 Stanton Street
27 Suffolk Street
2482 Eighth Avenue
289 Tenth Avenue
114 Thompson Street
Henrietta School, 224 W. 63rd Street
506-508 West 47th Street

Digitized by Google

Manhattan—Continued.

348 East 32nd Street (Straus)
322 East 59th Street (Straus)
402 West 37th Street (Straus)
Mt. Morris Park (Straus)
Tompkins Square Park (Straus)
Chelsea Clinic, 307 West 33rd Street
Corlears Clinic, 331 Broome Street
Jefferson Clinic, Pleasant Avenue and 118th Street
Stuyvesant Clinic, 540 East 13th Street
Washington Clinic, 128 Prince Street
Yorkville Clinic, 439 East 57th Street
Riverside Clinic, 481 West 145th Street

Bronx.

511 East 149th Street
428 East 133rd Street
2380 Hughes Avenue
1354 Webster Avenue
Mott Haven Clinic, 493 East 139th St.
Tremont Clinic, Third Avenue and St. Paul's Place

Brooklyn.

49 Amboy Street
179 Bedford Avenue
296 Bushwick Avenue
49 Carroll Street
107 Dupont Street
994 Flushing Avenue
184 Fourth Avenue
621 Fourth Avenue
165 Ten Eyck Street
698 Henry Street
167 Hopkins Street
208 Hoyt Street
76 Johnson Avenue
359 Manhattan Avenue
604 Manhattan Avenue
176 Nassau Street
144 Navy Street
129 Osborn Street
323 Osborn Street
2346 Pacific Street
592 Park Avenue
268 South Second Street
594 Sutter Avenue
233 Suydam Street
Bay Ridge Clinic, 5208 Fourth Avenue
Brownsville Clinic, 64 Pennsylvania Avenue
Eastern District Clinic, 306 South Fifth Street
Bedford Clinic, 420 Herkimer Street
Prospect Clinic, Fleet and Willoughby Streets

Queens.

114 Fulton Avenue, Astoria, L. I.
22 Maspeth Avenue, Maspeth, L. I.
753 Onderdonk Ave., Ridgewood, L. I.
Corona Clinic, 127 46th Street, Corona, L. I.
Jamaica Clinic, 374 Fulton Street, Jamaica, L. I.
Queens Plaza Clinic, 138 Hunter Avenue, L. I. City
Ridgewood Clinic, 753 Onderdonk Avenue

Richmond.

689 Bay Street, Stapleton
Richmond Clinic, Bay and Elizabeth Sts., Stapleton

RECENT CHANGES IN DEPARTMENT OF HEALTH SUPPLY STATIONS.

Manhattan.

Stations Discontinued.	New Stations.
Siegel, Second Ave. and 51st Street	Schapin-Rabinowitz, 116 Second Avenue
	Lutz Pharmacy, 1463 Amsterdam Avenue
	Friedberg & Kraus, 2851 Eighth Avenue
	Nemser, 88 First Avenue (formerly a forwarding station)

Brooklyn.

Von Rappaport, 1746 Nostrand Avenue	Peck & Laught, 748 Washington Avenue
Weinstein, 822 Fulton Street	H. O. Drug Co., 1645 Broadway
Wagner, 2412 Surf Avenue	Kolb Bros., 233 Greene Avenue
Greenzeig, Bergen & Nevins Sts.	Philip G. Cupo, 292 Leonard Street
	Brillers Drug Store, 2814 Fulton Street
	Cleveland Pharmacy, 951 Sutter Avenue
	Berte Pharmacy, 691 Fourth Avenue (formerly a forwarding station)

Bronx.

Prahl, 2865 Webster Avenue	Horowitz & Greenberg, 18 W. Burnside Avenue

Digitized by Google

FIRE CAUSES TEMPORARY SHORTAGE OF DIAGNOSIS LABORATORY SUPPLIES.

Owing to a fire which destroyed the storeroom of the Department of Health's Diagnosis Laboratory, on the top floor of 505 Pearl St., Manhattan, a temporary shortage of outfits for specimens and cultures is anticipated.

It is hoped that it will be possible to replace the loss before physicians are seriously inconvenienced.

DIPHTHERIA IN NEW YORK CITY.

Quarters Ending December 31, 1919 and 1920.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1919	2286550	716512	2002289	457398	114414	5577163
	1920	2281664	747520	2042246	476224	117503	5665157
Cases reported	1919	1191	450	1225	431	125	3421
	1920	1556	552	1511	581	121	4321
Deaths reported	1919	93	28	95	47	7	265
	1920	95	17	91	36	7	246
Primary cultures	1919	4617	1437	3566	1028	837	11485
	1920	5831	1896	3965	2526	743	14961
Positive cultures	1919	668	262	729	216	89	1964
	1920	815	336	848	346	69	2414
Negative cultures	1919	3350	942	2335	601	616	7844
	1920	4377	1485	2965	2118	653	11598
Treated at home	1919	1117	445	1165	423	102	3252
	1920	1164	534	1289	553	94	3634
Removed to D. of H. Hospitals..	1919	74	5	60	8	22	169
	1920	392	18	222	28	27	687
Isolated in other institutions	1919	0	0	0	0	0	0
	1920	0	0	0	0	0	0
Immunizations	1919	472	20	157	49	84	782
	1920	556	122	450	2	63	1193
Case fatality	1919	.08	.05	.08	.04	.06	.08
	1920	.06	.03	.06	.06	.06	.06
Cases per 1,000 of population ...	1919	2.07	2.49	2.43	3.74	4.34	2.43
	1920	2.71	2.93	2.94	4.84	4.05	3.03
Deaths per 1,000 of population ..	1919	.16	.13	.19	.41	.24	.19
	1920	.16	.09	.18	.30	.24	.17

SCARLET FEVER IN NEW YORK CITY.

Quarters Ending December 31, 1919 and 1920.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1919	2286550	716512	2002289	457398	114414	5577163
	1920	2281664	747520	2042246	476224	117503	5665157
Cases reported	1919	361	170	416	91	33	1071
	1920	794	349	911	259	49	2362
Deaths reported	1919	4	2	5	0	0	11
	1920	38	5	31	5	..	79
Treated at home	1919	310	160	361	85	29	945
	1920	604	340	794	245	44	2027
Removed to D. of H. Hospitals..	1919	51	10	55	6	4	126
	1920	190	9	117	14	5	335
Case fatality	1919	.01	.01	.01	..	..	.01
	1920	.05	.01	.03	.02	..	.03
Cases per 1,000 of population	1919	.51	.94	.82	.79	1.15	.76
	1920	.63	1.85	1.77	2.16	1.66	1.66
Deaths per 1,000 of population ..	1919	.01	.01	.01	..	..	.01
	1920	.07	.03	.06	.06	..	.05

MEASLES IN NEW YORK CITY.

Quarters Ending December 31, 1919 and 1920.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1919	2286550	716512	2002289	457398	114414	5577163
	1920	2281664	747520	2042246	476224	117503	5665157
Cases reported	1919	2415	1130	665	317	394	4921
	1920	408	67	119	46	9	649
Deaths reported	1919	72	6	5	4	5	92
	1920	12	1	6	..	1	20
Case fatality	1919	.03	.005	.008	.01	.01	.02
	1920	.03	.01	.05	..	.11	.03
Cases per 1,000 of population	1919	4.19	6.26	1.32	2.75	13.7	3.50
	1920	.71	.36	.23	.38	.30	.45
Deaths per 1,000 of population ..	1919	.12	.08	.01	.08	.17	.07
	1920	.02	.005	.01	..	.08	.01

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Quarters Ending December 31, 1919 and 1920.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1919	2286550	716512	2002289	457398	114414	5577163
	1920	2281664	747520	2042246	476224	117503	5665157
New cases	1919	2103	508	907	239	37	3794
	1920	1906	336	1014	304	54	3614
Total cases in register	1919	17449	3583	7212	1525	267	30036
	1920	15505	3490	7030	1576	318	27919
New patients examined at clinic.	1919	1981	442	1230	156	25	3834
	1920	1587	425	1204	250	27	3493
Cases under supervision	1919	130	143	368	8	5	654
	1920	182	20	390	19	7	618
Voluntary renovations	1919	386	73	221	97	42	819
	1920	257	86	177	275	26	821
Sputum examined	1919	5790	1588	2766	484	98	10726
	1920	5062	1198	2375	446	107	9188
Positive sputum	1919	1133	314	515	102	14	2078
	1920	965	166	464	109	24	1728
Deaths from pulmonary tuberculosis	1919	693	161	453	83	28	1418
	1920	585	123	448	105	23	1284
Death rate per 1,000 of population	1919	1.20	.89	.99	.72	.97	1.01
	1920	1.02	.65	.87	.88	.78	.90
Deaths all form of tuberculosis	1919	794	183	518	93	32	1620
	1920	682	151	500	119	23	1475
Death rate all forms	1919	1.38	1.01	1.03	.81	1.11	1.15
	1920	1.19	.80	.97	.99	.23	1.03

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 2, 1921.

There were 1,379 deaths and a rate of 12.51 per one thousand of the population reported during the week as compared with 1,446 deaths and a rate of 13.31 in the corresponding week of 1920, a decrease in the actual number of deaths of 66 and, taking into consideration the increase of the population, a relative decrease of 88 deaths.

Scarlet fever was credited with 24 deaths during the week as compared with 4; in sharp contrast to this there were only 2 deaths from measles during the week as compared with 20; whooping cough was credited with 7 deaths as compared with 13, and diphtheria 18 deaths as compared with 29. There were 127 deaths reported from tuberculosis as compared with 121; 112 deaths from cancer as compared with 104. Deaths from organic diseases of the heart and kidneys number 336 as compared with 322.

Viewed from the point of age grouping there were 179 deaths of children under one year of age as compared with 242 in the corresponding week of 1920, a decrease of 63 deaths. A most important factor in this decrease in infant mortality being the lessened prevalence of measles and the consequent decreased mortality from broncho-pneumonia. There were 278 deaths reported of children under 5 years of age, as compared with 388 deaths, a decrease of 110 deaths. The age group 5 to 65 showed an increase of 68 deaths, due chiefly to the increase in mortality from cancer, organic heart and kidney diseases, and pulmonary tuberculosis. In the age group 65 years and over there were 282 deaths reported as compared with 306, a decrease of 24 deaths.

The death rate for the first 14 weeks of the year was 13.07 as compared with a rate of 18.68 during the corresponding period of 1920. The infant mortality rate, based on one thousand births reported was 80, from January 1st to date as compared with a rate of 112, during the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BIOGRAPHY.—Duclaux, Emile Pasteur. The history of a mind, tr. by Erwin F. Smith and Florence Hedges. 1920. 363 pp., illus. **920P26**

BOTULISM.—Nevin, Mary. Botulism from cheese. (J. Infec. Diseases, March, 1921. pp. 226-231.)

CARRIERS.—McCosh, E. A. Social significance of bacterial prophylaxis in human disease carriers. (Med. Insurance and Health Conservation. Feb., 1921. pp. 196-197.)

DIETETICS.—Graves, L. G. Some things that have been done in dietetics in the past year [1920]. (Mod. Hosp., March, 1921. pp. 229-232, illus.)

MATERNITY WELFARE.—Howard, W. J., Jr. The real risk-rate of death to mothers from causes connected with childbirth. (Am. J. Hyg., March, 1921. pp. 197-233, tables.)

MEDICINE.—Boyd, M. F. Practical preventive medicine. 1920. 352 pp., illus. **614B69**

MEDICINE.—Osler, William, and Thomas McCrae. The principles and practice of medicine; designed for the use of practioners and students of medicine. 9th. ed. 1920. 1168 pp., illus. **610.O8p**

PATHOLOGY.—Delafield, Francis, and T. M. Prudden. Textbook of pathology; with a final section on post-mortem examinations and the methods of preserving and examining diseased tissues. 11th ed., rev. by Francis C. Wood. 1919. 1354 pp., illus **616D87**

PHYSICAL EXAMINATION.—Barrows, F. W. The relation of physical examination to public school special classes. (State Hosp. Quart., Feb., 1921. pp. 141-146.)

MILK.—American Public Health Association. Standard methods for the bacteriological examination of milk. 1921. 24 pp. **614.33Am3**

RATS.—Young, W. A. Rat repression in the City of Manchester. (Public Health [London], March, 1921. pp. 104-111.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Jan. 8	Jan. 15	Jan. 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2
Total deaths	1409	1396	1364	1490	1434	1467	1498	1470	1534	1494	1450	1398	1379
Annual Death Rate	11.71	11.61	11 34	13.51	13.00	13.30	13.59	13 33	13.91	13.55	13.15	12.68	12.51
*Acute Infectious Diseases	47	54	50	60	68	75	69	68	80	54	51	40	55
Pul. Tuberculosis..	119	101	100	109	96	88	117	110	124	130	130	114	127
Influenza	9	15	12	10	10	9	10	10	16	20	18	17	10
Lobar Pneumonia..	146	118	107	107	117	104	115	157	139	136	124	122	108
Broncho Pneum...	80	83	85	86	72	99	87	102	118	83	95	92	81
**Violent Deaths ...	97	61	90	70	91	63	72	66	71	81	61	66	80
Deaths under 1 year.	184	188	218	217	218	209	224	202	240	192	215	171	179
Rates per 1,000 births	72.5	72.0	83 9	85.3	88.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70 6
Deaths under 5 years	281	280	314	318	320	339	340	315	357	293	308	274	278
" 5-65 years....	789	790	752	834	794	802	826	814	832	855	820	812	819
" 65 years and over	339	326	298	338	320	326	332	341	345	346	322	312	282

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	271	171	190	307	200	172	291	179	271	336	211	206	295
Diphtheria	5 3	479	480	460	465	506	672	463	470	458	437	376	359
Measles	86	99	88	108	187	101	232	223	202	210	236	196	276
Scarlet Fever	497	522	536	550	516	558	675	520	522	582	517	450	396
Chickenpox	278	324	242	311	292	312	361	297	338	326	320	226	252
Influenza	184	78	81	72	59	84	109	102	101	124	154	165	142
Pneumonias	510	341	335	390	342	391	673	591	539	409	512	447	392
Typhoid Fever	11	8	8	11	12	3	5	8	12	14	8	7	10
Whooping Cough ...	95	89	91	97	99	115	167	153	107	141	121	109	78
Syphilis	416	337	390	463	238	238	406	218	124	223	308	222	266
Gonorrhoea	64	49	71	90	78	54	99	83	51	68	65	56	57
Poliomyelitis		1	1	..	1	2	4	..	..	1	..	..	
Cerebro-spinal Meningitis	4	9	7	4	6	3	7	9	9	10	7	4	9
Total	2879	2507	2613	2863	2495	2539	3701	2846	2746	2902	2896	2464	2522

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, April 2, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	675	635	620	1076	914	70	15.43	14.55	14.21
The Bronx	732,016	778,528	155	179	177	321	75	12	10.82	12.00	11.86
Brooklyn	2,022,262	2,082,203	473	448	460	1064	179	48	12.08	11.22	11.53
Queens	466,811	495,050	101	88	103	200	40	7	11.06	9.27	10.86
Richmond	115,959	120,592	41	29	19	62	22	1	18.20	12.55	8.22
City of New York.	5,621,151	5,753,151	1445	1379	1379	2723	1230	138	13.31	12.51	

*Corrected by redistributing deaths according to borough of residence.

During the first fourteen weeks of this year there were 20,169 deaths, a rate of 13.07 per 1,000 population. During the corresponding weeks of last year there were 28,388 deaths, a rate of 18.68 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	25	51	1	4	7	46	32	11	9	9	6	31	90	137	376	122
The Bronx	5	20	..	1	..	18	7	2	2	2	2	6	20	32	109	38
Brooklyn	15	27	1	5	3	30	36	9	9	2	2	29	57	90	259	99
Queens	6	6	..	..	..	10	6	..	..	..	..	4	11	18	52	18
Richmond	..	13	..	..	..	4	..	..	..	..	..	..	1	1	23	5
Total	51	127	2	10	10	108	81	22	20	13	10	70	179	278	819	282

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	86	79.4	7	6.5	3	4	129	29.3	9	2.0	20	2.0
The Bronx	22	77.7	1	3.5	1	..	37	23.0	2	1.2	5	3.1
Brooklyn	57	60.8	6	6.4	2	4	90	20.1	9	2.0	12	2.9
Queens	13	71 8	..	..	..	..	21	19.8	..	..	5	4.7
Richmond	1	19.0	..	..	.	..	1	4.2	..	..	..	..
City of New York.	179	70.6	14	5.5	6	8	278	23.6	20	1.7	42	3.6

During the first fourteen weeks of this year 2,828 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 3,960 died, a rate of 112. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 3-26-'21.	166	165	26	29	115	70	5	30	19	2	2	4	1	..	..	72	1	550	223	1480
Admitted	28	29	5	23	18	15	1	4	3	1	..	4	..	..	..	6	..	13	19	164
Discharged	38	33	11	15	25	26	3	9	4	1	2	..	1	..	..	10	..	20	7	205
Died	6	6	..	1	2	4	..	3	1	..	..	..	..	..	..	2	1	1	7	34
Rem'g 4-2-'21	145	155	20	36	106	55	3	22	17	2	..	8	..	..	..	66	..	542	228	1405
Total treated	189	194	31	52	133	85	6	34	22	3	2	8	1	..	..	78	1	563	242	1644

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	
All causes.....	1,379	1,445	724	655	179	42	57	278	59	73	270	417	2
1. Typhoid Fever.....	2	..	..	2	..	..	..	..	..	2	..	..	
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles.....	2	1	1	1	..	2	..	2	..	..	..	..	
6. Scarlet Fever.....	24	20	15	9	..	3	13	16	5	..	3	..	
7. Whooping Cough ...	7	4	2	5	2	3	2	7	..	..	..	..	
8. Diphtheria.....	18	13	11	7	1	7	9	17	..	1	..	..	
9. Influenza.....	10	30	5	5	1	1	..	2	1	1	3	2	
Poliomyelitis.....	..	..	..	..	..	..	..	..	..	..	..	..	
12. Other Epidemic Diseases	7	4	2	5	1	..	1	2	1	..	1	1	
13. Pulmonary Tuberculosis ...	127	121	80	47	..	..	..	..	6	21	60	31	
14. Tbc. Meningitis	*3	10	2	1	1	..	..	1	..	..	2	..	
15. Other forms Tbc....	7	22	4	3	..	..	..	..	1	3	2	1	
16. Cancer, Malignant Tumor	112	104	48	64	..	..	..	..	..	3	13	72	
17. Simple Meningitis...	2	15	2	..	..	..	..	..	..	1	1	..	
17a. Cerebro-spinal Meningitis	2	5	2	..	..	..	..	..	1	1	..	..	
18. Apoplexy, Softening of the Brain	18	13	3	15	..	..	..	.	..	..	1	7	
19. Organic Heart Diseases	243	221	119	124	1	1	..	2	10	6	30	95	1
20. Acute Bronchitis ...	10	16	6	4	6	1	..	7	1	..	..	..	
21. Chronic Bronchitis..	3	2	1	2	..	..	..	..	..	..	2	2	
22. Lobar Pneumonia ..	108	106	52	56	9	3	6	18	2	10	37	26	
22a. Broncho Pneumonia	81	134	39	42	36	12	5	53	2	..	7	11	
23. Other Respiratory Diseases	12	11	7	5	2	..	1	3	..	1	..	5	
24. Diseases of the Stomach (Cancer excepted	8	8	6	2	1	..	..	1	..	..	2	4	
25. Diarrhoeal Diseases (under 5 years)	20	49	10	10	14	4	2	20	..	..	..	..	
26. Appendicitis and Typhilitis	14	11	9	5	..	..	1	1	2	1	3	2	
27. Hernia. Intestinal Obstruction	14	12	9	5	2	..	..	2	..	..	1	6	
28. Cirrhosis of Liver...	12	6	6	6	..	..	..	..	..	..	1	7	
29. Bright's Disease & Nephritis	77	98	37	40	..	..	..	..	2	1	13	38	
30. Diseases of Women (not Cancer)	8	10	..	8	..	..	..	..	..	..	2	4	
31. Puerperal Septicaemia	2	4	..	2	..	..	..	..	..	..	2	..	
32. Other Puerperal Diseases	14	5	..	14	..	..	..	..	..	2	12	..	
33. Congenital Debility, and Malformations	64	70	36	28	64	..	..	64	..	..	..	..	
34. Old Age	1	5	..	1	..	..	..	..	..	..	..	..	
35. Violent Deaths	80	72	54	26	1	1	7	9	14	10	20	17	
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	
b. Other Accidents	70	67	46	24	1	1	7	9	14	8	12	17	
c. Homicide	10	5	8	2	..	..	..	..	..	2	8	..	
36. Suicide	13	13	10	3	..	..	..	..	..	2	6	5	
*37. All other causes....	250	206	143	107	37	4	10	51	10	7	40	81	
38. Ill-defined causes ...	4	..	3	1	..	..	..	..	1	..	3	..	

Deaths in Institutions,	595	Mean temperature,	46.0 deg. Fa
Mean barometer,	29.99	Maximum temperature,	82.0 deg. Fa
Mean humidity,	66.0	Minimum temperature,	26.0 deg. Fa
Precipitation,	1.06		

†If the deaths under one month, numbering 83 from all causes, be deducted from the to deaths under one year, the resulting rate will be 38 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 8, Diabetes 23, Alcoholism 1, Locomotor Ata 1, Paresis 10, Arterio-sclerosis 35, all other congenital causes 21.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 116 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. APRIL 16, 1921. No. 16.

TYPHUS FEVER IN THE CITY.

In the following is given the clinical histories of cases of typhus fever reported in the city since March 1st last.

Mrs. L. V., 38 years old, arrived March 3rd on Steamer "Kroonland," from Antwerp. At the time of first examination, March 4, patient had a temperature of 100 degrees F., throat normal, eyes normal; she was bright, wide awake, talkative, hungry, in a word did not feel sick. She had no headache. Her skin presented an abundant rash, extending to forearms and shins and disappearing readily under pressure.

This patient was reported, on March 9, by Gouverneur Hospital as a case of typhus fever. At this time patient was in a condition of coma vigil; could not be aroused. Temperature 101 to 103 degrees F.; rigidity of spine and exaggerated reflexes present; pupils reacted very slowly to light; skin normal. Patient had, at times, convulsive seizures. There was no paralysis of eye muscles. Weil-Felix, positive, 1 to 200 dilution.

T. V., a 12 year old girl, was reported on March 10th, as a case of typhus fever of five days duration.

This girl was the daughter of Mrs. L. V., listed above. The preponderance of evidence favors the diagnosis of typhus fever in the case of this child. There was continued headache and high fever since March 6th. On March 9th a macular rash began to appear, characteristic of typhus fever. The rash was more marked on extremities than on the trunk, but the patient did not show the depressed mental state which we expect in typhus fever.

J. L., male, 42 years old, removed March 7 from Bellevue to Willard Parker Hospital as a clinical case of typhus fever, in about the middle of the second week of the disease.

Patient was in a semi-stuporous condition, with congested mucous membranes; temperature 103-104 degrees F., and presented a typical fading purpuric rash.

The patient answered questions, but his answers seemed to be worthless. He said, at one time, that he was two or three days sick, and two or three days in the country. At another time, that he was eight or nine days sick, and eight or nine days in the country. When the name of any ship was given, he answered that he came over on her.

M. C., Russian by birth, 36 years resident in the United States, 38 years old, was reported, March 12, suffering from typhus fever of ten days duration.

Mr. C. had the characteristic headache, skin and mucous membrane congestion, fever and rash, Clinically he was clearly a case.

Mr. C. was in business on West Broadway, Manhattan. He is a manufacturer and, from time to time, hires recently arrived immigrants.

Mrs. R. K., 44 years old, of Brooklyn, entered the Jewish Hospital on March 15th, eight days ill with a history and clinical condition that justified a diagnosis of endemic typhus. The rash, fever and headache were characteristic. All symptoms subsided from twelfth to fourteenth day. There was no evidence of vermin of any kind and no known contact with recent immigrants. Weil-Felix reaction was negative. Specimen taken on tenth day.

H. O'C., 20 years old, was removed on March 16th, from the Harlem Hospital to the Willard Parker.

Mr. O'C. arrived on the "Carmania" March 1st. He was held at quarantine 10 days and reached New York City, March 10th. Mr. O'C. was sick the day of his arrival, and went to Harlem Hospital within a few hours. His temperature ranged from 102 to 105 degrees F. He had headache the first twenty-four hours of his illness, but none since. His mucous membranes were not congested. There were a few pin-head size spots of discoloration on abdomen and back. Leucocyte count, 15000; polynuclears, 87%.

Digitized by Google

L. T., female, 25 years, entered the Wyckoff Heights Hospital on the afternoon of March 21st, and died March 22nd.

This patient was taken sick with symptoms of pneumonia fifteen days before. On admission to hospital, she was in a dying condition. Forty-eight hours previous to admission, that is on the thirteenth day of her illness, with a failing heart, numerous small pigmentations appeared on abdomen. The cause of death was given on the certificate as typhus fever.

Mrs. A. L., 55 years, of Brooklyn, entered the Jewish Hospital, March 22nd, ten days ill with a rash, fever and headache, justifying a diagnosis of endemic typhus.

No evidence of vermin. No known contact with recent immigrants.

Mrs. G. H., white, 50 years old, of Manhattan, entered Beth Israel Hospital (March 30) suffering from typhus fever of about ten days duration. The duration, subjective symptoms, and eruption were all characteristic.

This patient has been in the United States eleven years. No pediculi were to be found on her body. It was reported that recent immigrants called on Mrs. H. some two or three weeks before illness began.

Mrs. Y. S., white, 38 years old, housewife, of Brooklyn, entered the Beth Moses Hospital on March 31st, six days ill, suffering from endemic typhus fever.

Patient presented, on admission, characteristic rash, fever, headache, and congested mucous membranes. These symptoms persisted in characteristic fashion up to the 13th day of illness, when temperature dropped from 103 degress F. to 101 degrees F. There was a leucocytosis of 12,000. Felix-Weil reaction was positive in 1 to 20 dilutions; negative in higher dilutions. No evidence of pediculi vestimentorum; abundant evidence of pediculi capitis. No history obtainable of any contact with recent immigrants. Mrs. S. was Russian by birth and has been sixteen years in the United States.

IMITATION MILK AND CREAM PROHIBITED.

At a meeting of the Board of Health of the Department of Health, of the City of New York, held in the said city on the 24th day of March, 1921, the following resolution was duly adopted:

RESOLVED, That Article 9 of the Sanitary Code be amended by adding thereto a new section to be known as Section 179, to read as follows:

Section 179. PROHIBITING THE MANUFACTURE, SALE AND DISTRIBUTION OF IMITATION MILK AND CREAM.—No person shall sell or exchange, or offer or expose for sale or exchange, any substance in imitation or semblance of milk or cream which is not milk or cream, nor sell, or exchange, or offer or expose for sale or exchange, any such substance as and for milk or cream, or sell, or exchange, or offer or expose for sale, or exchange, any article of food made from such milk or cream, or manufacture from any such milk or cream any article of food.

A true copy.

CHARLES L. KOHLER, Secretary.

REGULATION OF PRIVATE HOSPITALS.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 24th day of March, 1921, the following resolution was adopted:

RESOLVED, That Section 220 of the Sanitary Code be amended to read as follows:

Section 220. Hospitals; permit required; exception.—No person, persons, or corporation, other than those specially authorized by law, shall conduct or maintain any public or private hospital or institution where human beings may be treated or cared for by a physician or midwife, and no person, persons, or corporation, other than those specifically authorized by law, shall conduct a lying-in hospital, home or place for the care of pregnant women or advertise, offer, or undertake to receive or care for them at such place, or at his or her home, without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms of said permit and with the Regulations of said Board.

A true copy.

CHARLES L. KOHLER, Secretary.

Digitized by Google

EXTENDING VACCINATION TO INCLUDE ALL PUPILS OF PRIVATE SCHOOLS.

The following is a copy of a letter recently sent by the Commissioner of Health to all private schools in the city:

DEPARTMENT OF HEALTH
CITY OF NEW YORK
505 PEARL STREET, NEW YORK

To the Person-in-Charge, of Private Schools.

Sir:—This City is in constant danger of having smallpox imported into it from the war-ridden zones of Europe.

The only adequate individual and community protection against this disease, is successful vaccination and re-vaccination. The City's population of children of the school age is approximately one million. Manifestly, any large number of unvaccinated school children is a potential menace. Your attention is called to Section 310 of the Public Health Law, and to Section 57, of the Sanitary Code, which reads as follows:

Section 310—Public Health Law. 1. A child or person not vaccinated shall not be admitted or received into a school in a city of the first or second class. The board, officers, or other persons having charge, management, or control of such school, shall cause this provision of law to be enforced. The Board of Health, or other board, commission or officers of such city having jurisdiction of the enforcement of this chapter therein shall provide, at the expense of the city for the vaccination of all pupils of such school whose parents or guardian do not provide vaccination.

Section 57.—Sanitary Code. Schools, gymnasiums, and places of public worship, duties and responsibilities of persons in charge.—No master, or teacher, or manager of, or in, any school, public or private, or of, or in any Sunday school or gymnasium, or the officer thereof, or officer or manager or person having charge of any place of public worship, shall so far omit or neglect any duty or reasonable care or precaution respecting the safety or health of any scholar, pupil or attendant, or respecting the temperature, ventilation, cleanliness, or strength, of any church, hall of worship, school-house, school room, or place of practice or exercise connected therewith, or relative to anything appurtenant thereto, so that by reason of such neglect or omission, the life or health of any person shall suffer or incur any avoidable peril or detriment.

You will appreciate that under these sections, the responsibility for the admission into, and continuance at school of unvaccinated children rests with you and the authorities of your school.

From information at hand, it appears that a number of children attending private schools have never been successfully vaccinated. In the interest of public health and safety, your attention is directed to the law and to your great responsibility thereunder. Your co-operation is requested to the end, that you ascertain the pupils of your school who have not been successfully vaccinated and that you take such steps as to advise the parents to have these children vaccinated, as a requisite for a continuance at school. This also should apply to all new admissions in the future.

The Department of Health is prepared to co-operate with you, by assigning a physician to perform these vaccinations upon request.

I feel confident that you will appreciate the situation and that prompt compliance with this request will make further action unnecessary.

Respectfully,
ROYAL S. COPELAND, Commissioner of Health.

INCREASED SMALLPOX IN THE UNITED STATES DURING 1920.

The following is quoted from Public Health Reports:

"The accompanying table shows the reported prevalence of smallpox in the United States during the calendar year 1920 as compared with the preceding seven years.

"Annual case rates per thousand population are shown, the first nine months being given by quarters and the last three months being given separately. The median rate for the quarter (or month) was obtained by using the median number of cases reported for each State for each quarter (or month) during the last seven years, and the median-year rate was obtained by using the number of cases reported for the median year during the years 1913 to 1919, inclusive. When data were not available for the full seven years, as many years as possible were included, but no data earlier than 1913 were used.

"The table as a whole shows a decided increase during 1920 in the number of cases of smallpox reported. During December, 1920, the rate for the 38 States combined was more than three times the median rate for that month, and the rate for the year 1920 was twice that for the median year. The northeastern States show comparatively few cases of smallpox, while many of the western States show a decided increase in the number of cases reported"

Digitized by Google

SMALLPOX IN THE UNITED STATES.

Annual case rates per 1,000 population; comparison of 1920 with the median of the period 1913-1919.

State.	1920							Median, 1913-1919.						
	Jan., Feb., Mar.	Apr., May, June.	July, Aug. Sept.	Oct.	Nov.	Dec.	Year.	Jan., Feb., Mar.	Apr., May, June.	July, Aug., Sept.	Oct.	Nov.	Dec.	Median year.
Alabama	0.7	1.0	0.2	0.2	0.2	1.0	0.6	0.7	0.4	0.1	0.1	0.1	0.3	0.4
Arizona	.6	1.2	.2	.0	.2	.2	.5	1.1	1.4	.1	.0	.0	.0	.6
Arkansas	.8	.7	.2	.1	.1	.1	.4	1.4	1.2	.1	.1	.4	.5	1.2
California	1.6	.9	.6	1.3	2.0	2.5	1.3	.3	.2	.1	.1	.1	.1	.2
Colorado	4.6	3.7	1.1	1.8	4.0	2.6	3.1	.6	.6	.2	.4	.8	.6	.4
Connecticut	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.1
Dist. of Columbia	.3	.4	.1	.1	.0	.0	.2	.1	.2	.0	.0	.1	.0	.1
Florida	1.1	.2	.1	.1	.3	.7	.4	.1	.1	.0	.1	.0	.0	.1
Idaho	7.7	7.1	1.9	2.1	7.3	4.2	5.3	2.2	2.1	.8	.2	1.1	3.9	1.7
Illinois	1.0	1.7	.4	.6	1.0	2.4	1.1	.9	.7	.2	.3	.5	.6	.6
Indiana	2.5	2.3	.7	.9	1.8	3.2	1.9	1.7	1.8	.3	.5	.8	1.0	1.3
Iowa	1.8	2.2	.7	1.2	2.7	4.0	1.8	1.5	1.3	.2	.3	.7	1.1	.9
Kansas	2.9	3.5	.9	1.0	1.0	2.0	2.1	1.6	1.8	.3	.6	1.1	1.2	1.4
Louisiana	1.4	.9	.3	.2	.6	1.7	.9	.8	.5	.1	.2	.1	.5	.5
Maine	.6	.3	.1	.2	.3	.3	.3	.9	.4	.4	.4	.9	.6	.8
Maryland	.2	.2	.0	.0	.0	.1	.1	.1	.2	.0	.0	.0	.0	.1
Massachusetts	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
Michigan	1.4	1.5	.7	1.0	1.2	2.6	1.3	.6	.6	.3	.4	.6	.7	.6
Minnesota	2.1	2.2	1.0	1.9	4.3	7.1	2.5	1.2	1.0	.3	.4	.7	1.3	1.0
Mississippi	3.7	2.2	.5	.4	.8	.8	1.8	1.6	1.8	.3	.4	.6	1.1	1.1
Montana	2.4	2.8	.7	1.3	1.8	2.6	1.9	2.9	2.4	.7	1.3	2.1	2.0	2.1
Nebraska	5.4	4.2	.8	.9	1.8	4.1	3.2	3.6	4.1	1.0	1.1	1.5	2.9	2.6
New Jersey	.1	.1	.1	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
New York	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
North Carolina	2.3	1.4	.4	.3	.4	.7	1.2	.8	.9	.3	.4	.4	.7	.6
North Dakota	.4	.7	.3	.5	1.9	3.4	.8	.8	.9	.2	.0	.6	.3	.5
Ohio	1.2	1.5	.5	.9	1.9	2.5	1.2	.9	.9	.3	.4	.8	.7	.8
Oregon	7.6	3.0	1.3	1.9	2.3	2.0	3.5	.9	.9	.3	.1	.3	.6	.7
Pennsylvania	.0	.0	.0	.0	.0	.0	.0	.0	.1	.0	.0	.0	.0	.0
Rhode Island	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0	.0
South Carolina	1.0	0.7	0.2	0.1	0.4	1.4	0.6	0.1	0.2	0.0	0.1	.1	0.2	0.2
South Dakota	2.4	2.9	.5	.4	1.8	2.8	1.9	2.2	1.9	.6	.5	.5	1.3	1.7
Vermont	.0	.0	.0	1.0	.9	1.5	.3	.2	.4	.1	.0	.0	.1	.2
Virginia	2.9	1.7	.7	.4	.4	.6	1.4	.8	.7	.2	.3	.2	.5	.7
Washington	8.1	4.6	1.7	1.6	3.2	4.7	4.4	.9	1.0	.4	.2	.4	.3	.8
West Virginia	2.7	2.1	1.0	.7	.9	2.1	1.8	1.3	1.2	.2	.3	.8	.8	.9
Wisconsin	2.9	2.2	1.1	1.3	2.6	3.2	2.1	.9	.9	.3	.5	.7	1.2	.8
Wyoming	8.0	6.3	2.4	1.8	1.0	2.6	4.6	1.0	.5	.5	.3	.4	.3	.5
All above States.	1.4	1.2	.4	.5	1.0	1.6	1.0	.7	.7	.2	.2	.4	.5	.5

INFORMATION IN REGARD TO QUACKS AND FRAUDULENT PATENT MEDICINES DESIRED.

The Bureau of Public Health Education would appreciate having reported to it all improper activities of quacks or fraudulent advertising of patent medicines. Letters should be addressed to the Director, Bureau of Public Health Education, Department of Health, 505 Pearl St., Manhattan.

WORK OF BABIES WELFARE FEDERATION.

More than 15,000 children of needy families in New York City were cared for during 1920 through the agency of the Babies Welfare Federation of New York City according to the annual statement of the Federation just issued.

By far the largest number of this total were new-born babies whose mothers were referred to the Federation for care after they had left the maternity hospitals. Through the agency of the Federation, public health nurses have visited 12,641 mothers to make sure that the new-born infants are receiving proper treatment and that the mothers are taking advantage of the facilities offered by the Baby Health Stations.

Hospital treatment, as well as convalescent and fresh air care have been provided to a large number of other children, while more than two thousand whose parents have been obliged to go out to work, have been placed by the Federation in boarding homes certified by the City, thus ensuring them the advantages of good home surroundings.

Digitized by Google

"Save children by saving wasted effort" is the slogan of the Federation, which acts as a clearing house for 175 agencies of many different kinds in Greater New York, all dealing with some phase of child welfare. In the past year 792 organizations and individuals availed themselves of the Federation's clearing-house facilities, which is a pronounced gain over the total for 1919.

THE FIGHT AGAINST TYPHUS IN POLAND.

Näslund describes the work of the Swedish ambulance sent to Poland in 1920 to aid in stamping out typhus. The expedition tried various measures, the final decision being in favor of hydrocyanic acid as the most effectual means for clearing a house of lice. They used from 10 to 12 tons of sodium cyanid and sulphuric acid, in the course of their delousing efforts in 700 dwellings. The success surpassed all anticipations, and confirmed the feasibility of stamping out typhus and relapsing fever much more effectually than had been hitherto deemed possible. The concentration of the gas has to be from 0.5 to 2 per cent by volume, depending on the permeability of the house. Directions for a delousing campaign are outlined, the Polish government having the intention to continue the work inaugurated by the Swedish Red Cross. Näslund adds that the work was mainly exploratory and tentative, and that both the Polish health authorities and the American Red Cross watched it with interest. (Review, in J. A. M. A., of Article in Hygeia, Stockholm, Dec. 31, 1920.)

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 9, 1921.

There were 1,439 deaths and a rate of 13.06 reported during the week just closed as compared with 1,523 deaths and a rate of 14.03, a decrease in the absolute number of deaths of 84 and .97 points in the rate, which is equivalent, taking into consideration the increase in population, to a decrease of 107 deaths.

There were 3 deaths reported from measles during the week, as compared with 33; 27 deaths from diphtheria, as compared with 30; 3 deaths from whooping cough, as compared with 7; 3 from cerebro-spinal meningitis, as compared with 2; 27 from diarrhoeal diseases under 5 years of age, as compared with 40; 10 deaths from influenza, as compared with 21; 173 deaths from the pneumonias, as compared with 141; 15 deaths from other forms of tuberculosis, as compared with 25. There were 7 deaths from encephalitis lethargica; 19 deaths from scarlet fever, as compared with none; 401 deaths from organic diseases of the heart and kidneys, as compared with 380. It is evident that the extremely low mortality for the week was due to the decreased amount of infectious diseases, notably measles, whooping cough, diphtheria, diarrhoeal diseases and all forms of tuberculosis.

Viewed from the point of age grouping there were 224 deaths of infants under one year of age, as compared with 237, a decrease of 13 deaths. Between one and five years of age there were 103 deaths, as compared with 137, a decrease of 34 deaths. Between 5 and 65 years of age there was a decrease of 16 deaths, and at 65 years of age and over a decrease of 21 deaths.

The death rate for the first 15 weeks of the year was 13.06 per one thousand of the population, as compared with a rate of 18.36 in the corresponding period of 1920. A remarkable decrease is noted in infant mortality since January 1st, there having been only 80 deaths reported out of every one thousand children born, as compared with 111 deaths during the corresponding period of 1920.

One death from smallpox was reported at Riverside Hospital, the deceased having been a stowaway on one of the transatlantic steamers. Following the usual procedure, this death is not included in the statistical mortality for the week.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 506 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BOTULISM—Bengtson, I. A. Standardization of [illegible] antitoxins. (Am. J. Pub. Health, April, 1921. pp. 352-357, tables.)

CHILDREN DISEASES.—Garrod, Archibald [illegible]'s diseases: a retrospect. (Arch. [illegible], March, 1921. pp. 129-140.)

DIPHTHERIA.—Weaver, G. H. Diphtheria carriers. (A. M. A. Jour., March 26, 1921. pp. 881-885, tables.)

EYE.—[illegible], John, Jr., Hygiene of the eye. (Mod. Med., March, 1921. pp. 149-154.)

FOOD HANDLERS.—Fine, M. J. Examination of food handlers from standpoint of [illegible]. (Mod. Med., March, 1921. pp. 167-169.)

ORAL HYGIENE.—Butler, H. B. Importance of oral hygiene during childhood. (Am. J. Pub. Health, April, 1921. pp. 297-302.)

OILS AND FATS.—Street, J. P. Values of fats and fat substitutes: nutritional properties of some of those less familiar and less commonly used. (Am. Food Jour., March, 1921. pp. 17-20, tables.)

PHYSICAL EXAMINATION.—Emerson, W. R. P. Physical defects in children; report of six hundred and two cases. (Am. J. Dis. Child., March, 1921. pp. 282-295, tables.)

POISONING.—Luden, Georgine. Chronic carbon monoxid poisoning—its immediate and subsequent manifestations. (Mod. Med., March, 1921. pp. 167-170.)

RATS.—Leatherbee, Mrs. A. T. The rat in health and economics. (Bost. M. & S. J., March 31, 1921. pp. 319-325.)

SCHOOLS.—Burrow, Severn. Economical building and administration of open air schools. (The Child, March, 1921. pp. 161-166, illus.)

SMALLPOX.—Wanklyn, W. M. The abolition of smallpox. (Med. Officer, Feb. 26, 1921. pp. 7-8-Vaccination supplement.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Jan. 15	Jan 22	Jan 29	Feb. 5	Feb 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	r 2	Apr. 9
Total deaths	1396	1394	1490	1434	1467	1498	1470	1574	1494	1450	1398	1379	1439
Annual Death Rate	11.60	11 84	13 51	13.00	13.30	13 59	13 33	13.91	13.55	13.15	12.68	12.51	13.06
*Acute Infectious Diseases	54	56	60	68	75	69	68	80	54	51	40	55	56
Pul. Tuberculosis..	101	100	109	96	88	117	110	124	130	130	114	127	112
Influenza	15	12	10	10	9	10	10	16	20	18	17	10	10
Lobar Pneumonia..	118	107	107	117	104	115	157	139	136	124	122	108	91
Broncho Pneum...	83	85	86	72	99	87	102	113	88	95	92	81	82
**Violent Deaths ...	61	9a	70	91	63	72	65	71	81	61	66	80	65
Deaths under 1 year.	283	218	217	213	209	224	202	240	192	215	171	179	224
Rates per 1,000 births	72 0	88 9	85.3	83.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70 6	88.2
Deaths under 5 years	280	314	318	320	339	340	315	357	293	308	274	278	327
" 5-65 years....	790	752	834	794	802	826	814	832	855	820	812	819	808
" 65 years and over	326	298	338	320	326	332	341	345	346	322	312	282	304

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	171	190	307	200	172	291	179	271	336	211	206	296	249
Diphtheria	479	480	460	465	506	672	463	470	458	437	376	359	343
Measles	99	88	198	187	101	232	223	202	210	236	196	276	222
Scarlet Fever	522	536	550	516	558	675	520	522	582	517	450	386	423
Chickenpox	324	242	311	292	312	361	297	338	326	320	226	252	226
Influenza	78	84	72	59	84	109	102	101	124	154	165	142	179
Pneumonias	341	335	390	342	391	673	591	589	409	512	447	392	330
Typhoid Fever	8	8	11	12	8	5	8	12	14	8	7	10	7
Whooping Cough ...	89	91	97	99	115	167	153	107	141	121	109	78	130
Syphilis	337	390	463	238	238	406	218	124	223	308	222	266	262
Gonorrhoea	49	71	90	78	54	99	83	51	68	65	56	57	41
Poliomyelitis	1		..	1	2	4	..	..	1	..	..	.	2
Cerebro-spinal Meningitis	9	7	4	6	8	7	9	9	10	7	4	9	6
.....	2507	25 8	2863	2495	2539	3701	2846	2746	2902	2896	2464	2522	2435

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, April 9, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages	Still-births	Death Rate 1920	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	711	667	654	1225	387	70	16.26	15.28	14.99
The Bronx	732,016	778,528	170	157	144	316	159	16	11.87	10.59	9.72
Brooklyn	2,022,262	2,082,203	506	468	493	1034	460	46	12.93	11.73	12.35
Queens	466,811	495,050	93	91	107	158	39	12	10.19	9.59	11.22
Richmond.....	115,959	120,592	43	56	41	65	21	3	19.09	24.23	17.74
City of New York.	5,621,151	5,753,151	1523	1439	1439	2798	1056	147	14.03	13.06	

*Corrected by redistributing deaths according to borough of residence.

During the first fifteen weeks of this year there were 21,608 deaths, a rate of 13.06 per 1,000 population. During the corresponding weeks of last year there were 29,911 deaths, a rate of 18.36 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	28	87	2	8	3	38	45	17	16	12	4	29	115	167	378	122
The Bronx	1	25	1	..	1	11	10	2	2	3	..	5	20	27	96	34
Brooklyn	16	25		6	6	35	22	7	7	6	2	18	76	113	242	113
Queens	5	8	..	1	..	4	4	2	2	..	1	2	9	13	58	20
Richmond	2	17	..	..	..	3	1	..	..	1	1	3	4	7	34	15
Total	52	112	3	10	10	91	82	28	27	22	8	57	224	327	808	304

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	108	99.5	11	10.1	7	6	159	36.1	14	3.2	21	4.8
The Bronx	22	77.6	2	7.1	..	2	30	18.6	2	1.2	2	1.2
Brooklyn	76	81.0	8	8.5	1	5	112	25.1	9	2.0	10	2.2
Queens	14	77.7	1	5.5		1	19	17.9	2	1.9	3	2.8
Richmond	4	75.4	..	..	.	..	7	29.4	..	..	2	8.4
City of New York.	224	88.2	22	8.7	8	14	327	27.7	27	2.8	38	3.2

During the first fifteen weeks of this year 3,052 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 4,197 died, a rate of 111. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 4-2-'21..	145	155	20	36	106	55	3	22	17	2	..	8	..	..	..	66	..	542	228	1405
Admitted ...	50	42	5	23	20	19	2	9	4	2	..	3	..	..	..	6	..	23	13	221
Discharged ..	43	27	7	10	15	16	3	2	6	..	..	6	..	..	..	13	..	23	13	184
Died	7	12	..	1	2	7	..	..	1	1	..	..	..	..	..	1	..	..	4	36
Rem'g 4-9-'21..	145	158	18	48	109	51	2	29	14	3	..	5	..	..	..	58	..	542	224	1406
Total treated	195	197	25	59	126	74	5	31	21	4	..	11	..	..	..	72	..	565	241	1626

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year	1 Year and Under 2.	2 and Under 5.	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,439	1,523	744	695	224	46	57	327	49	68	294	397	304
1. Typhoid Fever	1	..	1	..	..	..	.	..	..	..	1	..	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	33	2	1	1	1	3	..	..	..	..	..	..
6. Scarlet Fever	19	..	9	10	1	3	6	10	4	2	3	..	..
7. Whooping Cough	8	7	..	8	1	2	..	3	..	..	..	..	..
8. Diphtheria	27	30	15	12	5	6	11	22	5	..	..	..	..
9. Influenza	10	21	5	5	1	..	..	1	..	..	4	4	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	5	9	5	..	1	1	..	2	..	..	1	2	..
13. Pulmonary Tuberculosis	112	141	69	43	1	1	1	3	..	15	55	32	7
14. Tbc. Meningitis	9	14	4	5	1	3	2	6	1	1	1	..	..
15. Other forms Tbc.	6	11	2	4	..	..	..	..	2	..	3	1	..
16. Cancer, Malignant Tumor	100	117	43	57	..	..	..	..	..	..	16	53	31
17. Simple Meningitis	2	11	..	2	1	..	..	1	1	..	..	..	..
17a. Cerebro-spinal Meningitis	3	2	2	1	2	..	..	2	..	1	..	..	..
18. Apoplexy, Softening of the Brain	19	11	7	12	..	..	..	.	..	1	4	5	9
19. Organic Heart Diseases	268	239	124	144	..	..	3	3	9	10	36	94	116
20. Acute Bronchitis	10	32	2	8	5	1	..	6	..	..	..	2	2
21. Chronic Bronchitis	..	9	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	91	98	50	41	8	5	4	17	2	7	29	21	15
22a. Broncho Pneumonia	82	103	42	40	32	13	11	56	..	1	6	3	10
23. Other Respiratory Diseases	17	21	11	6	..	..	1	1	1	..	7	4	4
24. Diseases of the Stomach (Cancer excepted	8	7	8	..	..	1	1	2	..	1	1	4	..
25. Diarrhoeal Diseases (under 5 years)	27	40	13	14	22	2	3	27	..	..	..	..	..
26. Appendicitis and Typhilitis	23	16	14	9	..	..	2	2	1	3	10	6	1
27. Hernia. Intestinal Obstruction	13	23	6	7	2	..	..	2	..	..	3	6	2
28. Cirrhosis of Liver	7	13	6	1	..	..	..	..	..	..	1	4	2
29. Bright's Disease & Nephritis	112	120	54	58	1	1	2	4	1	3	21	49	33
30. Diseases of Women (not Cancer)	7	7	..	7	..	..	..	..	..	..	5	2	..
31. Puerperal Septicaemia	3	3	..	3	..	..	..	..	..	1	7	..	..
32. Other Puerperal Diseases	18	7	..	18	..	..	..	..	..	7	11	..	..
33. Congenital Debility, and Malformations	97	80	59	38	96	1	..	97	..	..	..	..	..
34. Old Age	1	5	1	..	..	..	..	..	..	..	..	1	..
35. Violent Deaths	65	58	48	17	1	2	6	9	8	5	26	11	..
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	57	53	48	14	1	2	6	9	8	3	21	10	..
c. Homicide	8	5	5	3	..	..	..	..	..	2	5	1	..
36. Suicide	22	10	15	7	..	..	..	..	..	3	8	9	2
*37. All other causes	242	228	125	117	42	3	3	48	14	7	34	83	56
38. Ill-defined causes	2	1	2	..	..	..	..	..	..	..	1	1	..

Deaths in Institutions,	651	Mean temperature,	59.0 deg. Fah
Mean barometer,	30.07	Maximum temperature,	79.0 deg. Fah
Mean humidity,	65.3	Minimum temperature,	42.0 deg. Fah
Precipitation.	.22		

†If the deaths under one month, numbering 130 from all causes, be deducted from the tot deaths under one year, the resulting rate will be 37 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 4, Diabetes 28, Alcoholism 1, Locomotor Ata 1, Paresis 9, Arterio-sclerosis 57, all other congenital causes 23.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. APRIL 23, 1921. No. 17.

FUNCTIONS OF THE DEPARTMENT OF HEALTH AS DISTRIBUTED AMONG THE VARIOUS BUREAUS.

In order to fill the demand for information as to the scope of work of the various units of the Department of Health, the following brief summary is printed:

Board of Health.

The Board of Health is composed of the Commissioner of Health, the Police Commissioner, and a duly qualified physician designated by the Board of Estimate.

This Board enacts the Sanitary Code, issues emergency health orders and has broad powers in all matters affecting public health. The Commissioner of Health is, ex-officio, President of the Board of Health, and is in direct charge of the enforcement of the Sanitary Code and responsible for the administration of the Department of Health.

Department of Health.

The work of the Department of Health is carried on by nine bureaus—the Bureau of General Administration, the Bureau of Records, the Sanitary Bureau, the Bureau of Preventable Diseases, the Bureau of Child Hygiene, the Bureau of Food and Drugs, the Bureau of Laboratories, the Bureau of Hospitals, and the Bureau of Public Health Education.

Bureau of General Administration.

The Bureau of General Administration is concerned, chiefly, in keeping and authenticating the acts. records, papers, and proceedings of the Department; preserving the books and papers of the Department, and conducting its correspondence.

The Office of the Secretary conducts the correspondence of the Department; keeps records of all papers forwarded to the Board of Health for action; also keeps records of minutes of meetings of the Board of Health, prepares and issues all permits and other papers requiring board action.

The Office of the Chief Clerk keeps personnel records of the Department; makes appointments; records efficiency ratings of employees in competitive class in entire Department. This office prepares the annual personnel budget estimate and conducts all matters relative to departmental changes with all other branches of the city government; supervises the conduct of all matters relative to New York City Employees Retirement System and Health Department Pension Fund. Prepares. semi-annually, the civil list.

Digitized by Google

The Offices of the Assistant Chief Clerks in the various Boroughs receive and forward all mail, distribute all mail received to various bureaus and subdivisions of the Department; receive applications and fees for transcripts of births, marriages, and deaths; conduct the sale of antitoxin and other laboratory products; receive, acknowledge, and record all complaints, notices, board orders, etc.

The Division of Accounts and Supplies supervises the expenditure and accounting of all moneys by the Department for both supplies and salaries; conducts collection of all moneys due Department; prepares annual supply budget and annual stationery requisitions; stores and distributes supplies; conducts preparation of all contracts with the Department.

The Division of Construction, Janitorial Service, and Transportation supervises the care, cleaning, repair and maintenance of the buildings of the Department, including five borough offices, eighteen tuberculosis clinics, sixty-one baby health stations, eight dental clinics, nine eye clinics and two day camps. Prepares plans and specifications for all building activities, repairs and improvements. Prepares charts and diagrams for all bureaus. Furnishes all transportation facilities required.

Law Division.

The Law Division is a branch of the Bureau of General Administration and is in charge of the Departmental Counsel, who acts in an advisory capacity to the Board of Health, the Commissioner of Health, and the officials of the Department of Health.

It is the function of the Law Division to prepare all amendments to the Sanitary Code and the Regulations of the Board of Health; to institute all criminal prosecutions; to co-operate with the Corporation Counsel and District Attorneys in the trial of all criminal actions; to consider and pass upon all applications to record delayed records of birth; to consider and report upon all legal questions arising out of the enforcement of orders of the Board of Health; to review and approve or disapprove applications to conduct offensive trades and businesses; and, generally, to review all legal matters involving the activities of the Department.

Division of Institutional Inspection.

For the purposes of supervising institutions, the Department of Health instituted the Division of Institutional Inspection. Prior to the time this Divsion was organized, matters connected with institutions were supervised by three different divisions, which made for confusion, needless duplication, and lack of initiative.

The functions of this division include: (1) diagnosis in institutions; (2) sanitary inspections in institutions; (3) special examinations; administration of sera, etc.; and (4) physical examinations in institutions.

The first and foremost function, diagnosis in institutions, which is ever immediately urgent in character, is performed in all of the institutions, except those outside of New York City. The necessity of accurate and rapid diagnosis, the securing of proper isolation and quarantine, the removal of certain cases to appropriate City hospitals, the proper discharge from quarantine of cases of communicable diseases, and the investigation of cases of abortion and puerperal sepsis, is recognized by everyone.

The second function, which is an important one and which is also performed regularly in all of these institutions within as well as without the City limits, is that of sanitary inspection.

A third function is also performed in all institutions, no matter what the type. This includes the administration of sera, and vaccines; the application of the Schick test; the collection of cultures, smears, and blood for laboratory examination, and the medical examination of food handlers in institutions.

Digitized by Google

A fourth function is performed in all subsidized institutions and in non-subsidized homes for children; namely, in January, February, March and April, and again in July, August, September and October the complete physical examination of the inmates is made, under ten headings: (1) vision; (2) hearing; (3) defective teeth,—whether primary or permanent; (4) nasal breathing; (5) enlarged tonsils; (6) defective nutrition; (7) cardiac disease; (8) pulmonary disease; (9) orthopedic defects, and (10) nervous diseases.

Re-examinations of those found with defects in order to determine whether or not defective conditions have been remedied are performed each year in May and June, and again in November and December.

Division of Industrial Hygiene.

Inspectors of this Division make visits to factories to further education in industrial hygiene among the workers, to see that the worker works under hygienic surroundings, and to reduce to a minimum occupational hazards and diseases. Enforcement of sections of the Sanitary Code, in so far as they affect the health and well being of the worker, is a prime object of each inspection. Educational placards are posted in the factories, and literature (hygienic and educational) is distributed among the workers.

Lectures are delivered by the inspectors in factories, public schools, labor lyceums, and settlement houses, on matters of industrial and personal hygiene.

Physical examinations are made in workshops and labor lyceums by the medical inspectors. Records of the findings of these examinations are sent to the individuals examined. These examinations are strictly confidential.

A clinic is maintained for the physical examination of women in industry at Department headquarters, 505 Pearl Street, Manhattan.

Bureau of Records.

The Bureau of Records enforces the law as to the reporting of all births, marriages and deaths that occur in the City; prepares double indices of these certificates, which are bound in books of five hundred and placed in fireproof vaults or receptacles.

Two hundred thousand searches of the records are made yearly for various purposes, such as admission into the public schools; obtainment of employment certificates (between the ages of 14 to 16); proof of death for insurance, bank and inheritage purposes; proof of birth for obtaining passports, of entrance into civil service examinations, for establishment of age to obtain marriage licenses, and for many other purposes. Fifty thousand dollars in fees collected are annually turned into the Sinking Fund of the City from this service.

A thorough statistical procedure is maintained. Weekly, monthly, and yearly tabulations are made and printed, with accompanying analyses of same. The mortality of the city is considered from many angles, such as age, sex, civil condition, occupation, nativity, and sanitary district, thus enabling the Department to check up its preventive work.

The fecundity of the City is measured by birth rate, nativity, etc.

Marriages are tabulated according to months and nativities.

Sanitary Bureau.

The Sanitary Bureau, while primarily the bureau for the abatement of nuisances, covers a wide field of activity and supervises regulations and grants permits for a large number of trades, businesses, etc.

The Bureau collects and tests clinical thermometers; enforces regulations relative to plumbing, lighting, ventilation, heat, and sanitation in general, in all classes of buildings; engages in campaigns for rat proofing, rat exterminating in buildings, piers and vessels, and rat guarding vessels from foreign ports.

Digitized by Google

The Bureau conducts the work of mosquito and fly elimination in the City. and maintains a force for draining the marshes and oiling inland pools.

The Bureau exercises supervision over the purity of the water supply for the City, collects water samples, and makes sanitary investigations to prevent pollution.

The Bureau examines furnaces and boiler equipment, for proper construction for the prevention of the discharge of dense smoke and cinders.. It exercises regulatory supervision over offensive trades of all kinds; and over the transportation of ashes, refuse, offensive material, dressing of hides and leather, horseshoeing establishments, stables, keeping of pigeons, fowls and other animals; the sale of birds and small animals; the maintenance of tent or camp colonies; house boats; fumigating with cyanide gas; the operation of bathing establishments, pool, beach and mikveh; over lodging houses; private schools, etc.; over public conveyances, in relation to heating, ventilation, and sanitary condition; the muzzling of dogs; the use of common towels and cups; spitting in public places; smoking in the Subway, etc.

The Sanitary Squad of Police is an integral portion of this Bureau. Its function is to enforce the orders of the Board of Health and notices issued by authority of the Sanitary Code; make the investigations and reports required by the Board; vacate premises declared nuisances; serve summons, and assist in the protection of public health, in general.

Bureau of Preventable Diseases.

This Bureau supervises the reporting of infectious diseases by physicians and institution superintendents, and others having knowledge of such cases.

Diagnosticians of the Bureau visit cases in which diagnosis of communicable disease is doubtful, or in dispute, or when requested by private physicians. They order removal to hospital of cases which cannot, or will not, maintain proper isolation, or which have no medical care.

Nurses and physicians of the Bureau maintain home sanitary supervision and quarantine. They instruct families on prevention of disease, attempt to secure examination of exposed persons (children especially), and recommend forcible removal and detention in Department of Health hospitals of infected persons who will not, or cannot, comply with regulations.

Renovation and cleaning of premises at termination of communicable disease is ordered and supervised by Bureau nurses. Disinfection (by formaldehyde) is performed only after smallpox and typhus fever cases.

Diagnosticians and clinic physicians vaccinate against smallpox and typhoid. administer tetanus antitoxin, and active immunization against diphtheria. They also apply the Schick test and Pasteur treatment. All service is free of charge to citizens.

The Bureau maintains 19 tuberculosis clinics, for the diagnosis and free treatment of tuberculosis, to facilitate the admission of patients to hospitals and sanatoria, and to examine and attempt to prevent tuberculosis in children and others exposed to the disease.

A Hospital Diagnosis Station is maintained, to pass upon and to admit applicants for Otisville Sanatorium and Riverside Hospital, and to facilitate admission to other institutions.

Two Day Camps are maintained—one in Manhattan and one in Brooklyn—for the care of about 225 "pretuberculous" type children, exposed to tuberculosis at home. Three meals are supplied daily, and classroom and vocational instruction are given. Education in personal, and home hygiene is taught to children and to parents by nurses.

Digitized by Google

As all foodhandlers in City are required to be examined, clinics are maintained in each Borough for the purpose. Work of private physicians in this field is controlled and supervised. Diseased foodhandlers, who are likely to be a menace to others, are excluded from the work, or placed under observation. When suffering from non-infectious diseases, they receive advice, and are referred for treatment to their own physicians or hospitals.

Venereal disease clinics are maintained for the diagnosis and free treatment of poor persons. Wassermann tests are made for cases referred by physicians, institutions, and others. A venereal disease examination clinic is maintained at Jefferson Market Court, and in a Brooklyn court. Persons found suffering from venereal disease in court clinics, as well as others who are a menace to the community, are forcibly removed and detained at a Department hospital.

Clinics are maintained for administering the Pasteur treatment of persons bitten by rabid animals. All dogs who bite persons are removed for observation to a dog shelter. They are released if found to be free from symptoms of rabies; or destroyed if they present such symptoms, or are markedly vicious and have previously bitten others.

Horses are examined in all stables by veterinarians of the Bureau and tagged or branded, if found to be free from evidence of glanders, as a result of special tests. Horses showing signs of glanders are condemned and destroyed, and stables disinfected.

Bureau of Child Hygiene.

The Bureau of Child Hygiene is charged with the supervision of children from the pre-natal period until early adolescence, that is, until graduation from school, or such time as an employment certificate is secured and the child is legally employed thereunder. This duty is discharged through various functions, as follows:

1. Supervision of midwives.
2. Supervision of children boarded out in private homes, by individuals and institutions.
3. Supervision and control of infant and child morbidity and mortality, through
   (a) Inspection and supervision of expectant mothers.
   (b) Organization and maintenance of baby health stations.
   (c) District or home visiting of nurses, for the purpose of instructing mothers in the care of infants and children.
   (d) Physical examination and follow up, at home, of children of pre-school age (2 to 6 years) found to have remediable physical defects.
4. Medical inspection and examination of school children.
5. Performance of vaccination in borough offices, in homes, in schools, and at the Baby Health Stations.
6. Issuance of employment certificates, through enforcement of that part of the Child Labor Law which charges the Department of Health with this responsibility.
7. Special investigation of stillbirths, ophthalmia neonatorum and puerperal septicaemia.
8. Social service activities.
9. Co-operation with allied city and private child-caring, and other agencies.
10. Special activities, such as dental clinics, eye clinics, open-air classes.

The basic principle of all the activities is prevention. The aim is to keep well children well, rather than to cure them after they have become sick.

A special force of inspectors and nurses visits the home of midwives and those of foster mothers who have children in board. The Baby Health Stations furnish Grade "A" (Pasteurized) bottled milk for infant feeding, at a price below

Digitized by Google

the prevailing market retail figure. The doctors and nurses advise mothers on care, feeding and hygiene of infants and young children, demonstrate to pare at home and in the stations, the modification of milk, and make all necessary ho visits. Breast feeding is urged and encouraged.

The field force of inspectors and nurses, assigned to school medical inspecti is so adjusted that practically all the schools are visited every morning. Insp tions and examinations are made for the purpose of detecting communicable ease and remediable physical defects. Consultations with parents at school visits to the homes are made for the purpose of acquainting parents with nature of the physical defects, the ill effects which they produce, and ways means for alleviating or curing them. Pupils are referred to open-air classes, d tal clinics and eye clinics, as indicated.

Vaccination is offered to all children at the various Borough Offices, B Health Stations, public schools and in the homes. Upon presentation of necess credentials, the school children are physically examined at the Borough Offices, if requirements are met, employment certificates are issued, which entitles th to work in any part of the State.

(*Continued Next Week.*)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Cau and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Jan. 22	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9
Total deaths	1364	1490	1434	1467	1498	1470	1534	1494	1450	1398	1379	1439
Annual Death Rate	11 84	13.51	13.00	13.30	13.59	13 33	13.91	13.55	13.15	12.68	12.51	13.06
*Acute Infectious Diseases	50	60	68	75	69	68	80	54	51	40	55	56
Pul. Tuberculosis..	100	109	96	88	117	110	124	130	130	114	127	112
Influenza	12	10	10	9	10	10	16	20	18	17	10	10
Lobar Pneumonia..	107	107	117	104	115	157	139	136	124	122	108	91
Broncho Pneum...	85	86	72	99	87	102	113	83	95	92	81	82
**Violent Deaths ...	90	70	91	63	72	65	71	81	61	66	80	65
Deaths under 1 year.	213	217	213	209	224	202	240	192	215	171	179	224
Rates per 1,000 births	83 9	85.3	83.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70 6	88.2
Deaths under 5 years	314	318	320	339	340	315	357	293	308	274	278	327
" 5-65 years....	752	834	794	802	826	814	832	855	820	812	819	808
" 65 years and over	298	338	320	326	332	341	345	346	322	312	282	304

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphth Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	190	307	200	172	291	179	271	336	211	206	295	249
Diphtheria	480	460	465	506	672	463	470	458	437	376	359	343
Measles	88	198	187	101	232	223	202	210	236	196	276	222
Scarlet Fever	536	550	516	558	675	520	522	582	517	450	386	428
Chickenpox	242	311	292	312	361	297	338	326	320	226	252	236
Influenza	84	72	59	84	109	102	101	124	154	165	142	179
Pneumonias	335	390	342	391	673	591	539	409	512	447	392	330
Typhoid Fever	8	11	12	3	5	8	12	14	8	7	10	7
Whooping Cough ...	91	97	99	115	167	153	107	141	121	109	78	130
Syphilis	390	463	238	238	406	218	124	223	308	222	266	262
Gonorrhoea	71	90	78	54	99	83	51	68	65	56	57	41
Poliomyelitis	1	..	1	2	4	..	..	1	..	..		2
Cerebro-spinal Meningitis	7	4	6	3	7	9	9	10	7	4	9	6
Total	2528	2863	2495	2539	3701	2846	2746	2902	2896	2464	2522	2435

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, April 16, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	718	651	631	1087	1171	60	16.42	14.92	14.46
The Bronx	732,016	778,528	162	149	142	322	53	12	11.31	9.98	9.52
Brooklyn	2,022,262	2,082,203	503	449	479	984	867	50	12.85	11.25	12.00
Queens	466,811	495,050	124	97	105	172	44	7	13.58	10.22	11.07
Richmond.....	115,969	120,592	46	42	81	51	19	2	20.42	18.17	13.41
City of New York.	5,621,151	5,753,151	1553	1888	1388	2616	1644	131	14.27	12.59	

*Corrected by redistributing deaths according to borough of residence.

During the first sixteen weeks of this year there were 22,996 deaths, a rate of 13.03 per 1,000 population. During the corresponding weeks of last year there were 31,404 deaths, a rate of 18.11 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	26	29	3	8	8	53	30	13	12	8	2	29	106	154	357	140
The Bronx	5	22		1	..	18	7	2	2	2	..	6	12	21	92	36
Brooklyn	11	26	1	5	4	32	20	6	6	8	1	20	49	73	271	105
Queens	1	12	..	1	..	6	9	1	1	1	..	3	11	18	55	24
Richmond	1	10	..	..	..	1	1	1	1	1	..	4	4	8	25	9
Total	44	99	4	15	12	110	67	23	22	20	3	62	182	274	800	314

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	99	91.5	10	9.2	6	4	144	32.7	11	2.5	21	4.8
The Bronx	15	52.9	2	7.0	1	1	24	14.9	3	1.9	5	3.1
Brooklyn	50	53.4	5	5.3	4	1	76	17.0	6	1.3	3	1.8
Queens	14	77.9	1	5.6		1	22	20.7	1	0.9	2	1.8
Richmond	4	75.2	1	18.8	.	1	8	33.6	1	4.2	1	4.2
City of New York.	182	71.8	19	7.5	11	8	274	23.2	22	1.9	37	3.1

During the first sixteen weeks of this year 3,234 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 4,425 died, a rate of 109. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis		Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 4-9-'21.	145	158	18	48	109	51	2	29	14	1	..	5	..	..	..	51	..	542	224	1397
Admitted	45	45	14	26	15	22	1	6	7	2	1	1	..	..	..	13	..	20	13	231
Discharged ..	38	28	6	34	23	9	..	10	4	..	..	..	..	..	..	10	..	18	10	180
Died	6	4	1	2	2	6	..	1	..	..	..	..	..	..	..	..	..	..	1	23
Rem'g 4-16-'21	146	171	25	38	99	58	3	24	17	3	1	6	..	..	..	54	..	544	226	1415
Total treated	190	203	32	74	124	73	3	35	21	3	1	6	..	..	..	64	..	562	237	1628

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,388	1,553	716	672	182	36	56	274	42	77	278	408	31
1. Typhoid Fever	..	..	..	..	..	..	..	..	..	..	..	..	
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	2	45	1	1	1	..	..	1	1	..	..	..	
6. Scarlet Fever	15	5	10	5	1	1	11	13	1	..	1	..	
7. Whooping Cough	7	16	3	4	4	2	1	7	..	..	..	..	
8. Diphtheria	20	24	12	8	3	4	9	16	2	..	1	1	
9. Influenza	15	29	9	6	2	1	..	3	1	..	7	1	
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	
12. Other Epidemic Diseases	2	7	1	1	1	..	..	1	..	..	..	..	
13. Pulmonary Tuberculosis	99	141	57	42	..	1	..	1	2	18	42	32	
14. Tbc. Meningitis	17	13	7	10	4	2	4	10	2	3	2	..	
15. Other forms Tbc.	6	8	1	5	1	..	..	1	1	..	4	..	
16. Cancer, Malignant Tumor	104	110	40	64	..	..	..	..	..	..	16	56	1
17. Simple Meningitis	1	7	..	1	..	1	..	1	..	..	..	..	
17a. Cerebro-spinal Meningitis	4	3	3	1	2	1	..	3	..	..	1	..	
18. Apoplexy, Softening of the Brain	22	22	15	7	..	..	..	.	..	..	3	9	1
19. Organic Heart Diseases	285	241	136	149	..	..	..	..	6	15	44	106	11
20. Acute Bronchitis	12	24	6	6	7	..	3	10	..	..	..	..	
21. Chronic Bronchitis	1	6		1	..	..	..	..	..	..	..	..	
22. Lobar Pneumonia	110	115	55	55	9	6	4	19	5	6	33	32	1
22a. Broncho Pneumonia	67	113	38	29	25	3	6	39	1	3	3	9	1
23. Other Respiratory Diseases	14	16	4	10	..	1	1	2	1	2	3	4	
24. Diseases of the Stomach (Cancer excepted	12	7	9	3	..	1	..	1	..	..	3	2	
25. Diarrhoeal Diseases (under 5 years)	22	25	13	9	19	1	2	22	..	..	..	..	
26. Appendicitis and Typhilitis	12	14	8	4	..	..	1	1	..	3	6	2	
27. Hernia, Intestinal Obstruction	15	15	6	9	1	..	..	1	..	..	2	9	
28. Cirrhosis of Liver	10	15	8	2	..	..	..	..	..	..	1	7	
29. Bright's Disease & Nephritis	89	99	37	52	..	..	3	3	..	..	9	35	
30. Diseases of Women (not Cancer)	10	4	..	10	..	..	..	..	..	2	5	2	
31. Puerperal Septicaemia	7	4	..	7	..	..	..	..	..	2	5	..	
32. Other Puerperal Diseases	7	10	..	7	..	..	..	..	..	3	4	..	
33. Congenital Debility, and Malformations	80	70	44	36	79	1	..	80	..	..	..	..	
34. Old Age	2	4	..	2	..	..	..	..	..	..	..	1	
35. Violent Deaths	65	69	52	13	..	2	9	11	5	7	16	16	
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	
b. Other Accidents	62	67	49	13	..	2	9	11	5	5	15	16	
c. Homicide	3	2	3	..	..	..	..	..	..	2	1	..	
36. Suicide	20	10	13	7	..	..	..	..	..	3	3	8	
*37. All other causes	232	263	126	106	23	3	2	28	14	9	49	75	
38. Ill-defined causes	2	2	2	..	..	..	..	..	..	1	..	1	

Deaths in Institutions,	612	Mean temperature,	52.1 deg. F
Mean barometer,	29.90	Maximum temperature,	71.0 deg. F
Mean humidity,	65.3	Minimum temperature,	29.0 deg. F
Precipitation,	.49	Snow,	

†If the deaths under one month, numbering 83 from all causes, be deducted from the t deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 9, Diabetes 35, Alcoholism 1, Locomotor At 1, Paresis 6, Arterio-sclerosis 55, all other congenital causes 14.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 66S Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X, 10 APRIL 30, 1921. No. 18.

MEDICAL LIBRARY 1921

LOW INFANT MORTALITY IN THE CITY.

The infant mortality rate continues to be most encouraging. For the first 13 weeks of the year, that is up to the week ending March 26th, the infant mortality rate was 80 as against 113 for the corresponding period of last year, a difference of 33 per thousand children born. This infant mortality rate represents a numerical reduction of 1,069 infant deaths, from all causes.

For the first 14 weeks of the year, that is, up to the week ending April 2nd, we find an infant mortality rate of 80, as against 112 for the corresponding period of last year. The infant mortality rate of 80, for the first fourteen weeks of the year represents a saving of 1,132 infant lives. This reduction in the death rate for the first quarter of 1921 is the largest numerical saving of infant lives that has been recorded in the City of New York within the last twelve years. In fact, it is very probable that it is the largest quarterly saving ever recorded in the history of the City. This unusual reduction in infant mortality is all the more encouraging when it is remembered that there was an increase in the birth registration, during the first quarter of 1921, of almost one thousand above last year—to be exact, 931. A very interesting feature of the infant mortality situation is that every single week, during the first quarter of 1921, has shown a substantial reduction in the number of infant deaths from all causes, below that of the corresponding week of the previous year.

As stated, there is every reason to believe that the infant mortality rate for the first 14 weeks of the year, that is, for practically the first quarter, is, the lowest quarterly infant mortality rate in the history of the City. An analysis of the situation to prove the above contention, is now being made. It is difficult, offhand, to state exactly what causes are operating to produce this low infant mortality. We know that there is a decided reduction in the infant death rate from respiratory, diarrhoeal, and contagious diseases, in the order named. There is also a reduction in the number of infant deaths from all causes, while the increase in the deaths from congenital disease is inconsequential. The reduction in infant mortality from all causes, is common to all the Boroughs, the greatest reduction being, in the order named, as follows: Manhattan, Brooklyn, The Bronx, Queens, Richmond. As stated above, it is difficult to state specifically what causes are operating to maintain this low infant mortality rate. The possibilities that occur to our minds are, the mildness of the winter which resulted in more ade-

Digitized by Google

quate ventilation of the premises and the greater opportunity for keeping infa out-of-doors, both of which are extremely important in these days, when ov crowding in the tenements is so prevalent. It may also be that the public large still has sufficient money, from recent prosperous years, to secure bet food, clothing and other things conducive to health and well-being of infa Above all, it is not unlikely that the educational propaganda of the Departme relative to disease, has stimulated the general public to greater appreciation the need and importance of personal and home cleanliness and hygiene, and t greater readiness to seek medical advice, immediately upon the onset of illness

It is hoped that this favorable situation will continue for the balance of year. If so, it is not unlikely that New York City will have, for 1921, the low infant mortality rate in its history and, probably, the lowest infant mortality r of any of the large cities of the world. We have long looked forward to the when the infant mortality rate of New York City would be 75, and every eff will be made, so far as lies in the power of the Department's Bureau of Cl Hygiene, to reach this goal.

SCHICK TESTS AT BABY HEALTH STATIONS.

In a list of Baby Health Stations and clinics appearing in the Bulletin April 9th last, there is given under the heading "Baby Health Stations and Cl ics" (where free Schick tests and injections of toxin-antitoxin may be had) t address of stations in the Borough of Manhattan. It is not stated that there is doctor at most of these stations only two days a week.

The address of Mr. Morris Park (Straus) and Tompkins Square Park (Strau are also given. At these stations there are no facilities for a doctor, so that doctor has never been assigned to them. The addresses: 348 E. 32nd Str (Straus), 322 E. 59th Street(Straus), 402 West 37th Street (Straus), are a given. At these stations a doctor is assigned only on Saturday mornings.

FUNCTIONS OF THE DEPARTMENT OF HEALTH AS DISTRIBUTE AMONG THE VARIOUS BUREAUS.

(Concluded from Bulletin of April 23.)

Bureau of Food and Drugs.

The Bureau of Food and Drugs is charged with the enforcement of all t provisions of the Sanitary Code relating to the production, manufacture, handli and sale of food and drugs. It is also charged with the enforcement of the re lations of the Board of Health governing the conduct and maintenance of fo establishments.

Its functions include the inspection and supervision of all dairies, creameri and pasteurizing plants located outside the city limits, which are producing handling milk and milk products for consumption in New York City; the inspecti and supervision of the sanitary conditions under which all food establishments the City are operated; the inspection and supervision of the quality and who someness of all foodstuffs sold in the City; the inspection and supervision of fo stuffs sold in the City, to see that they conform to standards established by Sanitary Code; the inspection and supervision of foodstuffs sold in the City to that they are properly labeled and branded; the inspection and supervision of shellfish sold; the supervision of the quality of drugs sold in the City, and the claims made for drugs and medicines; and the supervision of the registrati of patent and proprietary medicines.

Digitized by Google

The Bureau of Food and Drugs is charged with the inspection of the following establishments and places where food is handled: Bakeries, confectioneries, carbonated water manufactories, cold storage plants, commission houses, egg-breaking establishments, fat rendering plants, ice cream manufactories, food factories, restaurants, slaughter houses (cattle and poultry), warehouses, piers, railroad terminals, milk depots and pasteurizing plants; all retail food stores, including those dealing in groceries, delicatessen, fruits and vegetables, and fish.

This Bureau also supervises the operation of the pasteurizing plant formerly operated by Mr. Nathan Straus and which was deeded by him to the City.

The Bureau of Laboratories.

The Bureau of Laboratories conducts the following activities: The manufacture of biologic products for the diagnosis, prevention, and treatment of disease. (Vaccinia virus; bacterial vaccines; diphtheria toxin for Schick test and toxin-antitoxin for immunization; diphtheria and tetanus antitoxin, and antipneumococcic and antimeningococcic serums.)

The clinical department of the Bureau advises physicians in the use of the above products, and, when requested, aids in diagnosis and treatment of patients with such products.

The Bureau makes chemical and bacteriologic examinations of water, milk, and food (including shellfish). Also bacteriological and epidemiological investigations of local epidemics of infectious diseases. The Bureau's diagnosis laboratory makes serologic diagnosis of syphilis, gonorrhoea and glanders. It examines cultures from cases of suspected diphtheria, of specimens of sputum from cases of suspected pulmonary tuberculosis; of specimens of blood for typhoid (Widal test), and malaria; of smears for gonococci, and dark-field condenser examinations for treponema pallida.

The Bureau also conducts research work in regard to infectious diseases.

Bureau of Hospitals.

All Department of Health hospitals receive every kind of reportable disease—where the regulations of the Department of Health demand removal from the premises, and where no other provision is made for the care of such patients within the City of New York. Whenever a hospital to which a case is originally admitted does not maintain a service for a disease of the character, it is transferred to one of the Department hospitals that does maintain such a service.

The Bureau of Hospitals conducts the following institutions: Willard Parker and Reception Hospitals, foot of East 16th Street, Manhattan; Riverside Hospital, North Brother Island, off the foot of East 132nd Street; Kingston Avenue Hospital, Kingston Avenue and Fenimore Street, Brooklyn; Queensboro Hospital, Flushing Avenue and Lotts Lane, Jamaica, Queens; The Tuberculosis Sanatorium (New York City Municipal Sanatorium), Otisville, N. Y. (on Erie R. R. seventy-six miles from New York).

The Bureau of Public Health Education.

Regular publications: Weekly Bulletin, Monthly Bulletin, Food and Drug Bulletin, School Health News, Staff News. Irregular publications: Reprints and monographs, health leaflets, posters, placards, etc.

Exhibits: In addition to a permanent exhibit at headquarters, various travelling exhibits are prepared from time to time for use in various institutions in the City.

Motion pictures: Films are furnished free to schools and educational associations, and special feature scenarios are occasionally prepared, as well as news feature films.

Digitized by Google

Information Bureau: Persons and organizations desiring information are aided in every possible way, and out of town and foreign inquiries are handled in large numbers.

The Bureau, in addition to its files of health literature, contains a very considerable collection of photographs and other data, which are loaned free to responsible persons.

Lunch Room: The Bureau operates a lunch room for Department of Health employees, which also serves as an exhibit in instructing how clean eating places should be operated.

Sanitary Superintendent.

The Sanitary Superintendent, who is also Deputy Commissioner, is in direct charge of the Assistant Sanitary Superintendents, who act as personal representatives of the Commissioner in the various Boroughs and exercise a general supervision over all Department activities therein.

In the absence of the Commissioner, the Deputy Commissioner is Acting Commissioner. He is also the chief executive officer of the Department and performs various special functions delegated to him by the Commissioner and the Board of Health. He also superintends the Welfare Division, which is directly responsible for the good health and well-being of all Department employees.

WORLD-WIDE PREVALENCE OF ENCEPHALITIS LETHARGICA.

(From Public Health Reports.)

The following data are taken from the published report of the Session Extraordinaire d'Avril 1920 du Comité Permanent de l'Office International dHygiène Publique, Paris, 1920. The information was furnished by the delegates from the different countries, and any hypotheses or conclusions stated here were made by the delegates.

The disease seems to be world wide. Announced in Austria by von Economo at the beginning of 1917, it reached France and England in the spring of 1918. and Italy the following winter. It appeared in Portugal in February, 1919, in India in November, and in Spain in the early part of 1920. It appeared in the United States toward the end of 1918, on the Atlantic coast, and on the Pacific coast in October, 1919. It has also reached Uruguay, South America, and was present in Australia in March, 1919.

Argentina.—Up to May, 1919, no case had been reported in Argentina. The delegate stated that he had no information relative to the disease since that tmie, but that it was not present during the epidemic of influenza.

Belgium.—In 1919 a small epidemic appeared in three communes of western Flanders, which disappeared during the summer. During the early part of 1920. cases were again reported in about 20 villages scattered throughout the same territory.

Denmark.—From July, 1919, to April, 1920, 58 cases, with 13 deaths, were reported.

England.—In 1919, 535 cases were reported in England and Wales. Up to April 10, 1920, 202 cases were reported. Occurrence in England indicates that it is a seasonal disease, the largest number of cases occurring in winter. Most of the cases were under 35 years of age. Rarely did several cases occur in the same household.

Encephalitis lethargica has been a notifiable disease in England and Wales since January 1, 1919.

Digitized by Google

France.—At the end of 1918 Netter drew attention to the occurrence of encephalitis lethargica in France. Since that time, notably during the winter of 1919-20, the number of cases has continued to increase. The French delegate, Dr. Péan, stated that "it was not (and with sufficient reason) placed in the category of notifiable diseases." However, February 7, 1920, the Minister of Hygiene addressed a circular to all prefects of France requesting the following information on cases occurring in the different Departments:

(1) Communicability of the disease.
(2) Its relation to influenza.
(3) Its relation to poliomyelitis.

In two months (up to early in April) 321 cases with 100 deaths—a case fatality rate of about 30 per cent—were reported from 50 Departments.

In no locality was there an appearance of an epidemic. The largest number of cases occurred in Departments which had the densest population: Seine, 82; Nord, 22; Doubs, 18; Bouches-du-Rhône, 9. The distribution was quite uniform.

There was no report of the contraction of the disease by direct contact. The cases were isolated ones and seemed to appear simultaneously. Most physicians refused to consider the question of contagion.

Children and adults were attacked in the ratio of 1 to 2, deaths occurring in the same proportion. Only 5 of the 321 cases were past 60 years of age.

Italy.—Sporadic cases were registered in Italy in 1918, and in 1919-20 a considerable number of cases occurred. In studying the disease, the Director General of Health followed two principal courses:

(1) Instituted laboratory research.

(2) Made an epidemiological study by means of a questionnaire sent to the provincial sanitary officers.

The results of the experimental work were principally negative, whereas much information was obtained from the epidemiological study. According to information received from the questionnaires from 49 provinces and about 1,000 communes, 3,960 cases were reported, with 1,013 deaths (period covered not stated), a case fatality rate of 25.6. The maximum occurrence of the disease was at the beginning of the year 1920. The greatest number of cases was reported from central and north Italy, the south remaining almost entirely free. It seems that the maritime climate confers a certain immunity.

Norway.—Encephalitis lethargica was first observed in Norway in 1919. One case was noted in each of the months of January, February and March of that year. From October to December of the same year 18 cases were reported, and from January to March, 1920, 10 cases—a total for the period of 31 cases, with 7 deaths.

The distribution of cases was as follows: Christiania, 22; Seljord, 1; Horh, 1; Hammerfest, 1; scattering along coast, 6. There was no connection between the cases, each case appearing isolated.

Notification is obligatory in Christiana.

Peru.—Three cases were reported in 1919.

Poland.—Cases of encephalitis lethargica were reported in February, 1920, when the Minister of Health made notification of the disease compulsory.

Portugal.—In July, 1918, the attention of the physicians of Portugal was called to the occurrence of encephalitis lethargica, and a general review of the studies of the disease was published. In March, 1919, a case was reported in Lisbon. Later two more cases were reported, and up to early April, 7 cases had been reported in Lisbon. Two patients were children, 4 or 5 years of age, one was about

Digitized by Google

15 years old, and 4 were adults. Two deaths occurred in the adults; the ot cases recovered.

Characteristic cases were also reported from Ponta Delgada, Azores, and f at Oporto, toward the end of the year 1919. During the early part of 1920 t additional cases were reported in Portugal, one each from Beja and Portalegre

Tunis.—Two suspect cases and one confirmed case were reported from Tu

United States.—Encephalitis lethargica appeared in the United States dur the fall of 1918 the first case occurring in New York in September of that y Then, for the whole country, there were in October 3 cases; November, 7; Dece ber, 10; January (1919), 19; February, 35; March, 61; April, 12; May, 5; Ju none. In all, 222 cases had been reported to the United States Public Hea Service. Following investigation, 39 of these cases were eliminated.

The disease is not reportable in most of the countries and in but few cities States of the United States, and the figures here given are, in most instances least, fragmentary and a bare minimum. Reporting is obligatory in England Wales, Christiania, Norway, Poland, and Zurich, Switzerland.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Cau and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Jan. 29	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16
Total deaths	1490	1434	1467	1498	1470	1584	1494	1450	1398	1379	1439	1388
Annual Death Rate	13.51	13.00	13.30	13.59	13.33	13.91	13.55	13.15	12.68	12.51	13.06	12.59
*Acute Infectious Diseases	60	68	75	69	68	80	54	51	40	55	56	48
Pul. Tuberculosis..	109	96	88	117	110	124	130	130	114	127	112	99
Influenza	10	10	9	10	10	16	20	18	17	10	10	15
Lobar Pneumonia..	107	117	104	115	157	189	136	124	122	108	91	110
Broncho Pneum...	86	72	99	87	102	113	83	95	92	81	82	67
**Violent Deaths ...	70	91	63	72	65	71	81	61	66	80	65	65
Deaths under 1 year.	217	213	209	224	202	240	192	215	171	179	224	182
Rates per 1,000 births	85.3	83.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70.6	88.2	71.8
Deaths under 5 years	318	320	339	340	315	357	293	308	274	278	327	274
" 5-65 years....	834	794	802	826	814	882	855	820	812	819	808	800
" 65 years and over	338	320	326	332	341	345	346	322	312	282	304	314

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphth Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	807	200	172	291	179	271	336	211	206	295	249	427
Diphtheria	460	465	506	672	463	470	458	437	376	359	343	361
Measles	108	187	101	232	223	202	210	236	196	276	222	215
Scarlet Fever	550	516	558	675	520	522	582	517	450	396	428	396
Chickenpox	311	292	312	361	297	338	326	320	226	252	236	198
Influenza	72	59	84	109	102	101	174	154	165	142	179	176
Pneumonias	390	342	391	673	591	539	409	512	447	392	330	370
Typhoid Fever	11	12	3	5	8	12	14	8	7	10	7	7
Whooping Cough ...	97	99	115	167	153	107	141	121	109	78	130	142
Syphilis	463	238	238	406	218	124	223	303	222	266	262	285
Gonorrhoea	90	78	54	99	83	51	68	65	56	57	41	43
Poliomyelitis	..	1	2	4	..	..	1	..	..		2	1
Cerebro-spinal Meningitis	4	6	3	7	9	9	10	7	4	9	6	9
Total	2868	2495	2539	3701	2846	2746	2902	2896	2464	2522	2435	2627

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, April 23, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	715	636	609	1050	847	45	16.35	14.57	13.95
The Bronx	732,016	778,528	145	156	170	306	122	14	10.12	10.45	11.39
Brooklyn	2,022,262	2,082,203	463	430	447	970	352	40	11.88	10.77	11.20
Queens	466,811	495,050	115	72	78	225	86	8	12.60	7.59	8.22
Richmond.....	115,959	120,592	41	37	27	41	22	5	18.20	16.01	11.68
City of New York.	5,621,151	5,753,151	1479	1331	1331	2592	879	112	13.62	12.07	

*Corrected by redistributing deaths according to borough of residence.

During the first seventeen weeks of this year there were 24,327 deaths, a rate of 12.98 per 1,000 population. During the corresponding weeks of last year there were 32,943 deaths, a rate of 17.58 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-64 years.	65 years and over.
Manhattan	23	53	1	2	3	32	43	26	23	10	1	30	107	169	354	113
The Bronx	5	28	..	4	..	4	10	2	2	2	..	9	22	33	92	31
Brooklyn	15	28	1	10	7	35	20	12	10	5	2	18	55	83	249	98
Queens	2	6	..	..	..	5	5	1	1	6	..	1	9	13	38	21
Richmond	1	13	..	..	..	2	1	..	..	..	..	..	1	3	24	10
Total	46	128	2	16	10	78	79	41	36	23	3	58	194	301	757	273

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	94	86.9	16	14.8	12	4	151	34.8	23	5.2	19	4.3
The Bronx	34	119 8	1	3.5	..	1	50	31.0	2	1.2	6	3.6
Brooklyn	53	56.6	9	9.6	4	5	81	20.8	10	2.6	11	2.8
Queens	12	66 6	1	5.5	..	1	17	16.0	1	0.9	2	1.8
Richmond	1	18.9	..	..	..	..	2	8.4	..	..	1	4.2
City of New York.	194	76.5	27	10.6	16	11	301	25.5	36	3.0	39	3.3

During the first seventeen weeks of this year 3,428 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 4,666 died, a rate of 108. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 4-16-'21.	146	171	25	38	99	58	3	24	17	3	1	6	..	..	..	54	..	544	226	1415
Admitted ...	31	43	7	19	20	19	2	10	4	2	..	..	..	..	..	21	..	23	14	215
Discharged ..	30	40	10	18	17	17	3	8	1	1	..	3	..	..	..	10	..	30	15	203
Died	2	4	..	1	3	7	..	1	..	..	..	..	..	..	..	..	..	1	6	26
Rem'g 4-23-'21.	144	170	22	38	99	53	2	25	20	4	1	3	..	..	..	65	..	586	219	1401
Total treated	177	214	32	57	119	77	5	34	21	5	1	6	..	..	..	75	..	567	240	1630

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65
All causes.....	1,331	1,479	714	617	194	43	64	301	51	88	253	365
1. Typhoid Fever.....	4	3	4	..	..	..	..	..	1	1	2	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles.....	5	29	4	1	2	2	1	5	..	..	..	..
6. Scarlet Fever.....	12	9	4	8	..	4	5	9	1	2	..	..
7. Whooping Cough ...	10	17	4	6	7	2	1	10	..	..	..	..
8. Diphtheria.....	19	29	13	6	1	3	11	15	3	..	1	..
9. Influenza.....	16	24	6	10	2	..	..	2	2	1	5	2
Poliomyelitis.....	1	..	..	1	..	..	1	1	..	..	..	..
12. Other Epidemic Diseases	5	13	1	4	1	..	..	1	..	..	..	2
13. Pulmonary Tuberculosis ...	128	137	83	45	3	..	..	3	2	26	56	36
14. Tbc. Meningitis	6	9	3	3	3	..	1	4	..	2	..	..
15. Other forms Tbc....	9	16	7	2	..	..	2	2	1	1	4	1
16. Cancer, Malignant Tumor	103	92	55	48	..	..	..	..	..	..	13	49
17. Simple Meningitis...	3	8	3	..	..	..	..	..	..	..	2	1
17a. Cerebro-spinal Meningitis	2	3	2	..	1	..	..	1	..	..	1	..
18. Apoplexy, Softening of the Brain	16	14	6	10	..	..	..	.	..	..	2	8
19. Organic Heart Diseases	229	243	125	104	..	..	2	2	11	7	26	87
20. Acute Bronchitis ...	10	19	4	6	4	..	2	6	..	1	..	1
21. Chronic Bronchitis..	1	2	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia ..	78	107	41	37	5	3	6	14	2	7	24	18
22a. Broncho Pneumonia	79	88	33	46	36	15	7	58	2	2	4	8
23. Other Respiratory Diseases	7	11	5	2	..	..	3	3	..	..	1	2
24. Diseases of the Stomach (Cancer excepted	9	4	9	..	1	..	..	1	..	..	3	5
25. Diarrhoeal Diseases (under 5 years)	36	36	20	16	27	4	5	36	..	..	..	..
26. Appendicitis and Typhilitis	18	16	12	6	..	1	2	3	3	2	7	3
27. Hernia. Intestinal Obstruction	10	18	6	4	3	..	..	3	1	..	..	3
28. Cirrhosis of Liver...	8	7	4	4	..	..	..	..	..	..	3	3
29. Bright's Disease & Nephritis	77	106	37	40	..	..	1	1	2	2	14	29
30. Diseases of Women (not Cancer)	10	11	..	10	..	..	..	..	..	1	5	4
31. Puerperal Septicaemia	4	7	..	4	..	..	..	..	..	3	1	..
32. Other Puerperal Diseases	15	13	..	15	..	..	..	..	..	4	11	..
33. Congenital Debility, and Malformations	82	78	38	44	78	2	1	81	1	..	..	..
34. Old Age	9	1	2	7	..	..	..	..	..	..	..	..
35. Violent Deaths	61	65	52	9	2	2	8	12	7	5	24	10
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	58	57	50	8	2	2	8	12	7	4	22	10
c. Homicide	3	8	2	1	..	..	..	..	..	1	2	..
36. Suicide	23	15	14	9	..	..	..	..	..	4	6	10
*37. All other causes....	220	232	113	107	18	5	5	28	12	16	34	81
38. Ill-defined causes ...	6	..	3	3	..	..	..	..	..	1	4	1

Deaths in Institutions,	602	Mean temperature,	55.7 deg
Mean barometer,	29.71	Maximum temperature,	78.0 deg
Mean humidity,	74.7	Minimum temperature,	37.0 deg
Precipitation,	1.27		

†If the deaths under one month, numbering 94 from all causes, be deducted from th deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 6, Diabetes 20, Alcoholism 4, Locomotor 3, Paresis 6, Arterio-sclerosis 53, all other congenital causes 8.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 405 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MAY 7, 1921. No. 19.

PREVENTION OF RABIES IN NEW YORK CITY.

Muzzling Ordinance to be Enforced.

Several weeks ago, a resident of Brooklyn was bitten about the hands by a stray dog, in attempting to ward off an attack upon two pets that he had in leash. The injuries inflicted were so severe that the victim went at once to a nearby hospital where his wounds were cauterized with concentrated nitric acid, in accordance with the current practice.

Unfortunately the hospital authorities failed, in this instance, to notify the Department of Health of the occurrence, as is customarily done by all institutions, and the case was lost sight of, until a few days ago when the patient was reported to the Department as presenting symptoms strongly suggestive of rabies. The patient was removed to a Department hospital, and pronounced symptoms of this truly dreadful disease rapidly supervened. When the patient was seen, it was, of course, too late to attempt any curative measures.

In spite of the administration of massive doses of hyoscine-hydrobromate, the patient suffered extreme agony upon the slightest jar or draft of air. Innumerable convulsions occurred before the paralytic symptoms became pronounced, and the patient died within two days after the recognition of the disease.

One who has never witnessed a case of hydrophobia in a human being cannot conceive of the frightful picture which this disease presents. To one who is familiar with it, no argument is needed to bring home the importance of the one method of control and prevention which has proved so effective in making the disease a rare one in this city, namely, the muzzling of all dogs allowed on the street, and the apprehension of all stray dogs, as well as the destruction of those animals which present symptoms of the disease, or which are habitually vicious.

A few days ago another owner of a pet dog in the city observed that the animal presented symptoms of illness. A veterinarian, who was consulted, was unable to make a diagnosis. In attempting to administer calomel to his pet, the owner was bitten. About three days later, paralysis in the hind legs of the animal was pronounced. The diagnosis of rabies was definitely made at this time. The animal was destroyed, and, upon examination, the brain showed typical Negri bodies. Five days had elapsed from the time the dog had inflicted the injury

Digitized by Google

upon its master to the time when the diagnosis was definitely established. Pasteur treatment was, then, promptly instituted.

This last case is cited to show that pet animals, even though well cared for, are constantly threatened by rabies, just so long as stray dogs are at liberty, and so long as other dogs are permitted on the street without muzzles. An intensive campaign, such as the Department of Health has, from time to time, waged against unmuzzled and stray dogs is necessary. It is desirable that physicians should, so far as lies in their power, make known to their patients the danger of allowing pet animals to appear on the street unmuzzled, so that the public may be made to understand the reasons for drastic action taken by the Department to enforce the muzzling ordinance.

It is also essential that all hospital superintendents and physicians should bear in mind the urgent necessity of promptly reporting any dog or cat bites which have been suffered by their patients, so that the Department may make such investigations as may, under the circumstances, be necessary and possible, in order that there may be no delay in instituting Pasteur treatment in appropriate cases.

That we urgently need an intensive campaign to gather in all stray dogs, and to enforce the muzzling ordinance is shown by a study of the record of persons bitten by dogs and cats during the last three months. There is a marked increase in the number of these cases, which is undoubtedly due, in the greatest part, to disregard of the muzzling ordinance. During the first three months of this year, twenty animals examined at the laboratory of the Department of Health were found to be suffering from rabies. This is the largest number for a period of three months that has been reported in many years. In the light of these statistics, and in view of the recent occurrence of a case of human rabies, the owners of dogs are hereby warned that they will be required to strictly observe the muzzling ordinance.

INDUSTRIAL CO-OPERATION AND PUBLIC HEALTH.

In co-operation with the Department of Health's measures to prevent smallpox, the Western Union Telegraph Company, in future. will require all applicants for employment to present certificates of recent vaccination.

TYPHOID FEVER IN NEW YORK CITY—QUARTER ENDING MARCH 31.

During the quarter ending March 31, last, 98 true cases of typhoid fever were reported, as against 86 cases during the corresponding quarter of 1920.

Seventy-one per cent of the cases were confirmed by laboratory examinations, as against 64 per cent so confirmed during the corresponding quarter of last year. The great majority of these examinations (80%) consisted of the Widal test alone.

Thirty-four per cent of the cases were traced as to their probable mode of infection, as against 23 per cent in the same quarter of 1920. A new mode of infection designated "Probable carriers" is being used for the first time, in this report. This designation is to be distinguished from "Proven Carriers" as, in the latter case, positive stools were obtained from a member of the family or household who gave a past history of typhoid fever, and to whom the current case of typhoid was exposed. In the former case, such stools were negative or specimen could not be obtained. although there was a definite history of typhoid fever infection.

Twenty cases were traced to contact infection in this quarter, of which 6 were due to contact with active cases, 5 to proven carriers, and 9 to suspected carriers.

Digitized by Google

Thirteen cases were traced to out-of-town sources, as against 17 cases so traced in the first quarter of 1920.

Six hundred and fourteen persons were immunized; of this number, 424 received three injections, and 190 received only one or two injections. Sixty-one had been exposed to typhoid, and most of the remaining 553 were immunized because they contemplated a trip abroad.

Fifty-six per cent of the cases reported were treated in hospitals. In the corresponding quarter of 1920, 62 per cent of the cases were so treated.

Typhoid Fever—Quarters Ending March 31, 1920, and 1921.

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond.		City.	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921
1 Total cases reported as typhoid.	70	47	5	12	25	44	3	4	1	5	104	112
Number erroneously reported.	12	7	1	1	5	5	0	0	0	1	18	14
Corrected total of cases	58	40	4	11	20	39	3	4	1	4	86	98
Diagnosis confirmed by												
a Widal	24	24	2	4	14	23	0	2	0	0	40	53
b Blood culture	4	0	0	0	0	1	0	0	0	0	4	1
c Stool	2	1	0	0	1	0	1	0	0	0	4	1
d Widal and stool	5	3	0	2	2	3	0	0	0	2	7	8
e Widal and blood culture.	5	4	1	0	0	1	0	0	0	0	6	5
f Stool and blood culture.	2	0	0	0	0	0	0	0	0	0	2	0
g Widal, stool and bl. culture	0	0	0	0	0	0	0	0	0	0	0	0
h Operation	0	0	0	0	0	0	0	0	0	0	0	0
i Autopsy	0	0	0	0	0	0	0	0	0	0	0	0
No confirmation	16	8	1	5	3	11	2	2	1	2	23	28
TOTAL	58	40	4	11	20	39	3	4	1	4	86	98
Percentage of cases confirmed.	72	80	75	54	85	72	33	50	0	50	64	71
2 DEATHS	8	5	2	3	5	8	2	2	1	1	18	19
3 Percentage of cases in which probable modes of infection were traced	26	32	0	10	25	31	0	100	0	75	23	31
4 Probable modes of infection												
a Contact with active cases	2	1	0	0	0	4	0	1	0	0	2	6
b Contact with proven carriers	1	3	0	0	0	0	0	2	0	0	1	5
c Contact with probable carriers	..	4	..	0	..	4	..	0	..	1	..	9
TOTAL CONTACT CASES	3	8	0	0	0	8	0	3	0	1	3	20
d Out-of-town infection	10	5	0	0	3	4	0	1	0	2	13	12
e Doubtful out-of-town infection	2	0	0	1	2	0	0	0	0	0	4	1
TOTAL OUT-OF-TOWN	12	5	0	1	5	4	0	1	0	2	17	13
5 Immunizations performed by Department												
a Persons exposed to cases (complete)	29	21	0	2	1	5	0	12	0	0	30	40
b Persons not exposed to cases	4	329	0	47	3	8	0	0	0	0	7	384
c Persons exposed to cases (incomplete)	..	314	..	0	..	7	..	0	..	0	..	321
d Persons not exposed to cases	..	155	..	5	..	9	..	0	..	0	..	169
TOTAL INCOMPLETE	..	469	..	5	..	16	..	0	..	0	..	490
6 Patients treated at hospital.	37	21	3	5	11	26	2	0	0	2	53	54
Patients treated at home	21	19	1	6	9	13	1	4	1	2	33	44
Percentage of cases treated at hospital	64	52	75	56	55	66	66	0	0	50	62	56

MEASLES IN NEW YORK CITY.

Quarters Ending March 31, 1920, and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2042246	476224	117503	5665157
	1921	2270778	778528	2082203	495050	120593	5753151
Cases reported	1920	9469	4175	6871	1450	388	22353
	1921	1169	303	499	215	44	2230
Deaths reported	1920	245	46	101	17	2	421
	1921	33	4	8	1	3	49
Case fatality	1920	.02	.01	.01	.01	.03	.02
	1921	.03	.01	.02	.005	.07	.02
Cases per 1,000 of population	1920	2.08	1.58	.97	1.76	1.48	1.57
	1921	16.84	22.65	13.65	14.49	13.40	16.01
Deaths per 1,000 of population	1920	.44	.25	.20	.14	.69	.30
	1921	.06	.02	.02	.08	.01	.03

Digitized by Google

ROUTINE PROCEDURE IN EXAMINING ARTICLES SUSPECTED OF HARBORING ANTHRAX BACILLI.

The following procedures were carried out last year in the Department's laboratory, in examining brushes suspected of having caused anthrax in human beings.

About forty to fifty bristles were cut up with sterile instruments into a sterile mortar. With shaving brushes, the portions of the bristles near the cemented end were mostly used. A small volume of sterile saline solution was then added to the mortar, and the bristles thoroughly ground up and macerated until a fairly dense emulsion was made. The amount of saline used depended upon the kind of sample to be examined. In those specimens where a large volume of saline was necessary, the suspension was centrifuged, and the sediment used for mice inoculation and plate cultures. The sediment contained the washed-off spores, if any were present. The emulsion was then divided into two parts. One part was heated in a water bath at 75° C. for 15 minutes, to destroy vegetative forms, and the other part was used unheated. The emulsions were then cultured in agar pour-plates. Six dilutions being made of both the heated and the unheated emulsion. The plates were incubated at 37° C. for 24 hours.

Portions of the emulsions were also injected into white mice, subcutaneously; the volume ranging between 0.5 to 1.0 cc., depending upon the density of the emulsion. The mice were colored to distinguish between those receiving the heated and unheated emulsion, and placed in fruit jars for observation during 5 days. All mice were autopsied immediately after death. Smears were made from the heart's blood, spleen, and liver. These smears were stained by the Gram method, the Hiss stain, and the M'Fadyean methylene blue stain. Cultures upon plain agar plates and slants were made from the heart's blood and spleen.

The smears from the mice that died of anthrax showed large Gram-positive bacilli in pairs, or short chains and, in the majority of cases, encapsulated. The presence in the animals of oedema and enlarged spleen, and an invasion of tissue by the organisms, as demonstrated in smears and sections, was also noted.

From the direct emulsion plates, suspicious colonies, especially the deep ones, which were examined under a low dry lens, were fished to agar slants and smears made to study the morphology of the bacilli. The typical colonies on the agar plates made from the mice were also fished to agar slants. Anthrax colonies are very hard to differentiate, at times, because of the numerous anthrax-like colonies that appear in many cultures.

After pure cultures were isolated from plates showing anthrax growth, transplants were made into veal-broth media. In this medium, the anthrax bacillus shows a stringy growth, which quickly settles to the bottom of the tube, leaving the medium clear and transparent. A hanging drop is then made from the broth culture and the growth is tested for motility. Anthrax bacilli are non-motile.

Virulence Test. If the organism were typical and non-motile, then 0.2 cc. of the broth culture was inoculated into another mouse, and thus tested for virulence. If the culture was typical anthrax, the mouse usually died in 18 to 24 hours. The organism was recovered from the heart's blood, spleen, and liver. Cultures were then sealed with paraffine and stored away for reference.

Report of Findings. If the mice inoculated with the bristle emulsions survived for five days, and the cultures from the emulsions did not show any Anthrax growth, the samples were reported negative. The mice were then discarded.

A sample of bristles was reported positive for anthrax when it showed all of the summarized laboratory findings:

Digitized by Google

1. When the mice inoculated with the emulsions died within 24 hours.

2. The presence of encapsulated gram positive bacilli in the heart's blood, spleen and liver.

3. Pure cultures isolated having a characteristic appearance and a typical morphology, showing non motility on hanging drop.

4. O.2 cc. of broth culture 24 hours old, killed a mouse in 18 to 24 hours.

No test was regarded as conclusive without obtaining a complete proof of cultural characteristics, morphology and virulence.

Out of the thirty-three cases reported during 1920, as positive for anthrax, eleven were definitely known to be horse hair. The others had no label or history when sent in. Five of the samples were labelled "imported." Two of the cases were isolated from the lesions of patients suffering from anthrax.

Precautions. Owing to the great resistance of anthrax spores and the dangers involved in handling such infected material too much emphasis cannot be placed on the needs for precautions and safeguards to be used in the laboratory.

All containers and utensils were plainly marked "Anthrax" and used only for this particular work. The glassware, jars, cultures, pipettes, and other material used, was autoclaved for one hour at 15 lbs. pressure, then washed separately from other glassware and finally sterilized in the hot air oven. The mortars and pestles were autoclaved immediately after use, then washed and sterilized in the hot air oven.

Old antitoxin syringes were used for this work; these were boiled in carbolic after use, then reboiled in water for a long time to remove the carbolic. Syringes used for inoculating pure cultures were thrown into the furnace after use.

Glass slides used for smears and hanging drops were autoclaved and washed before being used again. The mice and the boards used for autopsy were thrown into the furnace. Autopsy instruments were boiled in strong soda solution for several hours. Old bristles, cotton, paper, etc., in contact with infected material was burned.

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 30, 1921.

The death rate of the City during the past week was approximately one-half point lower than during the corresponding week of last year. Respective rates being 12.03 and 12.51. This decrease in the City death rate was due to the lower mortality during the week of the acute infectious diseases. The mortality of some of the chronic diseases was higher the week just closed than during the corresponding week of last year. 124 deaths were reported from cancer as compared with 93 during the week ending May 1, 1920. 267 deaths were reported from heart disease as compared with 228. On the other hand fewer deaths were reported from Bright's disease 82 against 98. The mortality of all the acute respiratory diseases was considerably lower during the week just closed than during the corresponding week of last year. The accidental deaths were fewer during the past week than the corresponding week of last year, the total deaths from these couses was 58. 21 of these deaths were caused by autos, 5 by horse-drawn vehicles and 2 by street cars. The total number of deaths from all causes reported during the week was 1,327 as compared with 1,358 during the week ending May 1, 1920. A decrease of 31 deaths, but if the increase in the population is taken into consideration there was a saving of 53 lives. The accumulative death rate for the first 18 weeks of 1921 was 12.92 against 17.55 for the corresponding period of 1920. The infant death rate for the first 18 weeks of this year was 79, whereas during the corresponding period of 1920 the rate was 107.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRA

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DIPHTHERIA CARRIERS.—Gray, G. A., and B. I. Myer. Diphtheria carriers and their treatment with nercurochome. (J. Infec. Diseases, April, 1921. pp. 323-326.)

HEALTH.—Collis, E. L. Industrial health: its value in public health service. (Internat. J. Pub. Health, March, 1921. pp. 123-129, tables.)

HEALTH EDUCATION.—Stuart, Edward. Popular health instruction. (Internat. J. Pub. Health, March, 1921. pp. 152-163.)

INFLUENZA.—Frothingham, Channing. Influenza. (Am. J. Med. Sc., April, 1921. pp. 528-539.)

MEASLES.—Henry, J. E. A brief statistical study of recent experience with measles and whooping cough in Massachusetts. (Am. J. Pub. Health, April, 1921. pp. 302-306, tables.)

MEDICINE.—Ireland, M. W. The achie ment of the Army Medical Departm in the World War. (A. M. A. Jo March 19, 1921. pp. 763-769.)

MILK.—Kitchen, J. M. W. Temperature c trol as related to improvement in m cream, and butter supplies, and how should be applied. (Med. Rec., April 1921. pp. 565-569.)

PHYSICAL EXAMINATION.—Kraetzer, F. The periodic physical examinat and the minor maladies. (Med. Tim April, 1921. pp. 78-81.)

PLAGUE.—Synge, V. M., and J. W. Bigg The bacteriological investigation of case of plague. (Lancet, March 5, 19 pp. 477-478, illus.)

POISONING.—Shie, M. D. Industrial l poisoning. (A. M. A. Jour., March 1921. pp. 835-842, illus.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Caus and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Feb. 5	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	A 3
Total deaths	1434	1467	1498	1470	1534	1494	1450	1398	1379	1439	1388	1331	13
Annual Death Rate	13.00	13.30	13.59	13.33	13.91	13.55	13.15	12.68	12.51	13.06	12.59	12.07	12.
*Acute Infectious Diseases	68	75	69	68	80	54	51	40	55	56	48	52	5
Pul. Tuberculosis..	96	88	117	110	124	130	130	114	127	112	99	128	10
Influenza	10	9	10	10	16	20	18	17	10	10	15	16	1
Lobar Pneumonia..	117	104	115	157	139	136	124	122	108	91	110	78	7
Broncho Pneum...	72	99	87	102	113	83	95	92	81	82	67	79	5
**Violent Deaths ...	91	63	72	65	71	81	61	66	80	65	65	61	6
Deaths under 1 year.	213	209	224	202	240	192	215	171	179	224	182	194	2
Rates per 1,000 births	83.8	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70.6	88.2	71.8	76.5	81.
Deaths under 5 years	320	339	340	315	357	293	308	274	278	327	274	301	2
" 5-65 years....	794	802	826	814	832	855	820	812	819	808	800	757	7
" 65 years and over	320	326	332	341	345	346	322	312	282	304	314	278	3

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphthe Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	200	172	291	179	271	336	211	206	295	249	427	278	2
Diphtheria	465	506	672	463	470	458	437	376	359	343	361	420	4
Measles	187	101	232	223	202	210	236	196	276	232	215	189	2
Scarlet Fever	516	558	675	520	522	582	517	450	386	428	396	418	3
Chickenpox	292	312	361	297	338	326	320	226	252	236	193	210	1
Influenza	59	84	109	102	101	174	154	165	142	179	176	59	5
Pneumonias	342	391	673	591	539	409	512	447	392	330	370	322	2
Typhoid Fever	12	8	5	8	12	14	8	7	10	7	7	12	
Whooping Cough ...	99	115	167	153	107	141	121	109	78	130	142	154	1
Syphilis	238	238	406	218	124	223	308	222	266	262	235	210	2
Gonorrhoea	78	54	99	83	51	68	65	56	57	41	48	94	
Poliomyelitis	1	2	4	..	..	1	..	..	..	2	1	..	
Cerebro-spinal Meningitis	6	3	7	9	9	10	7	4	9	6	9	8	
Total	2495	2539	3701	2846	2746	2902	2896	2464	2522	2435	2827	2374	23

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, April 30, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	635	644	614	1223	1136	68	14.52	14.76	14.07
The Bronx	732,016	778,528	133	136	139	294	43	7	9.28	9.11	9.32
Brooklyn	2,022,262	2,082,203	448	423	445	1007	310	43	11.44	10.60	11.15
Queens	468,811	495,050	95	89	101	129	96	14	10.41	9.38	10.64
Richmond.....	115,969	120,592	47	35	28	60	33	3	20.87	16.14	12.11
City of New York.	5,621,151	5,753,151	1358	1327	1327	2713	1618	130	12.51	12.03	

*Corrected by redistributing deaths according to borough of residence.

During the first eighteen weeks of this year there were 25,654 deaths, a rate of 12.92 per 1,000 population. During the corresponding weeks of last year there were 34,301 deaths, a rate of 17.55 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	28	43	2	4	3	31	33	21	20	6	1	26	130	173	340	181
The Bronx	1	20	..	3	..	12	10	..	...	2	..	3	17	24	78	34
Brooklyn	20	27	2	6	7	27	14	11	11	5	4	28	54	89	233	101
Queens	1	13	..	1	1	2	1	2	2	..	..	6	6	8	48	33
Richmond	1	6	..	..	..	2	..	..	..	..	..	..	1	4	19	12
Total	51	109	4	14	11	74	58	34	33	13	5	58	208	298	718	311

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	117	107.8	12	11.0	11	5	154	34.9	15	8.4	19	4.3
The Bronx	24	84.5	1	3.5	..	..	33	20.5	2	1.2	2	1.2
Brooklyn	59	62.9	12	12.8	1	8	97	21.7	14	3.1	13	2.9
Queens	7	89.0	2	11.2	..	2	10	9.4	2	1.9	..	..
Richmond	1	18.8	..	..	..	..	4	16.8	..	..	1	4.2
City of New York.	208	81.8	27	10.6	12	15	298	25.8	33	2.8	35	3.0

During the first eighteen weeks of this year 3,636 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 4,891 died, a rate of 107. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 4-23-'21.	144	170	22	38	99	53	2	25	20	4	1	3	..	..	..	65	..	536	219	1401
Admitted ...	31	41	11	15	18	12	..	11	2	1	..	2	..	..	..	10	..	25	11	190
Discharged ..	29	34	11	19	18	10	2	5	4	2	..	1	..	..	..	16	..	20	8	179
Died	4	5	1	3	2	4	..	1	..	..	..	..	..	..	..	..	..	..	5	25
Rem'g 4-30-'21	142	172	21	31	97	51	..	30	18	3	1	4	..	..	..	59	..	541	217	1387
Total treated	175	211	33	53	117	65	2	36	22	5	1	5	..	..	..	75	..	561	230	1591

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920.	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,327	1,358	699	628	208	41	49	298	74	79	221	344	311
1. Typhoid Fever	1	2	1	..	..	..	..	..	..	1	..	..	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	6	26	3	3	4	2	..	6	..	..	..	..	..
6. Scarlet Fever	12	4	5	7	2	1	4	7	3	..	2	..	..
7. Whooping Cough	10	8	5	5	6	3	1	10	..	..	..	..	..
8. Diphtheria	28	28	10	18	..	1	11	12	10	1	..	..	..
9. Influenza	14	13	10	4	2	1	..	3	..	1	4	3	3
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	9	8	5	4	1	1	1	3	..	..	1	3	2
13. Pulmonary Tuberculosis	109	129	65	44	2	2	..	4	1	23	54	21	6
14. Tbc. Meningitis	6	12	2	4	2	..	2	4	1	1	..	..	..
15. Other forms Tbc.	17	7	11	6	1	1	..	2	1	4	7	2	1
16. Cancer, Malignant Tumor	124	93	52	72	..	..	1	1	..	..	15	63	45
17. Simple Meningitis	4	5	3	1	3	..	..	3	1	..	..	..	..
17a. Cerebro-spinal Meningitis	4	4	2	2	1	1	1	3	1	..	..	..	..
18. Apoplexy, Softening of the Brain	17	13	11	6	..	..	..	.	..	..	1	5	11
19. Organic Heart Diseases	256	210	126	130	2	..	3	5	10	10	29	95	107
20. Acute Bronchitis	11	17	6	5	9	..	..	9	..	..	..	..	2
21. Chronic Bronchitis	2	3	..	2	..	1	..	1	..	..	..	..	1
22. Lobar Pneumonia	74	107	38	36	8	9	2	19	4	1	13	24	13
22a. Broncho Pneumonia	58	81	29	29	25	8	4	37	4	4	5	4	4
23. Other Respiratory Diseases	7	9	4	3	..	..	..	..	1	1	1	2	2
24. Diseases of the Stomach (Cancer excepted)	7	8	5	2	1	1	..	2	..	..	..	4	1
25. Diarrhoeal Diseases (under 5 years)	33	39	22	11	27	4	2	33	..	..	..	..	..
26. Appendicitis and Typhilitis	27	12	17	10	..	..	..	..	2	8	10	7	..
27. Hernia, Intestinal Obstruction	11	16	6	5	..	..	..	..	..	..	3	2	6
28. Cirrhosis of Liver	3	8	2	1	..	..	..	..	..	..	..	3	..
29. Bright's Disease & Nephritis	82	98	38	44	1	1	1	3	..	..	10	36	32
30. Diseases of Women (not Cancer)	11	12	..	11	..	..	..	..	..	2	6	3	..
31. Puerperal Septicaemia	5	6	..	5	..	..	..	..	..	3	2	..	..
32. Other Puerperal Diseases	7	10	..	7	..	..	..	..	..	1	6	..	..
33. Congenital Debility, and Malformations	80	78	46	34	79	..	..	79	1	..	..	..	..
34. Old Age	3	6	2	1	..	..	..	..	..	..	..	..	3
35. Violent Deaths	63	69	42	21	3	1	3	12	15	6	13	8	9
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	58	68	39	19	2	1	7	10	15	4	13	7	9
c. Homicide	5	1	3	2	1	..	1	2	..	2	..	1	..
36. Suicide	13	19	9	4	..	..	..	..	..	3	5	4	1
*37. All other causes	210	205	118	92	29	3	7	39	18	9	32	51	61
38. Ill-defined causes	8	2	4	4	..	..	1	1	1	..	2	4	..

Deaths in Institutions,	565	Mean temperature,	59.0 deg. Fahr.
Mean barometer,	29.85	Maximum temperature,	76.0 deg. Fahr.
Mean humidity,	72.9	Minimum temperature,	49.0 deg. Fahr.
Precipitation,	.68		

†If the deaths under one month, numbering 113 from all causes, be deducted from the total deaths under one year, the resulting rate will be 37 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 6, Diabetes 17, Alcoholism 2, Locomotor Ataxis 1, Paresis 3, Arterio-sclerosis 46, all other congenital causes 19.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 93 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. May 14, 1921. No. 20.

SUPERVISION OF MIDWIVES IN NEW YORK CITY.

A community like New York City, which harbors a large proportion of alien population bound to the female attendant at birth, by custom, tradition, prejudice and socio-economic conditions, must, of necessity, make provision for the supervision of midwives. This includes their instruction, education, and periodic follow-up, and efforts to elevate the standard of their calling. A properly trained, equipped and supervised midwife can, under existing conditions, become an adjuvant of great value in the protection of maternity and infancy; left unsupervised, untrained and untaught, she can, through ignorance, carelessness and neglect, become an enemy to motherhood and babyhood—a community menace.

In the performance of her calling, the midwife bears a direct relation to two lives, and regulation of her right to practice, and of her supervision during the period of her license, has an important bearing upon the prevention of maternal and infant morbidity and mortality. The existence of midwives in any locality is largely a question of demand, and in this City there is a considerable demand, as shown by the fact that from 25 per cent to 40 per cent of the 130,000 to 140,000 children, that are born in this City annually, are brought into the world by midwives. This will be seen from the following tabulation:

Statistics of Midwives in New York City.

Year	No. of Midwives Registered	No. of Births Attended by Midwives	Per Cent of Total Births
1909	3,131	49,616	40.35
1910	1,515	51,996	40.28
1911	1,488	51,756	38.48
1912	1,325	52,743	38.88
1913	1,488	50,364	37.27
1914	1,488	52,997	37.69
1915	1,469	49,915	35.34
1916	1,799	46,487	33.78
1917	1,656	47,525	33.60
1918	1,612	36,720	26.60
1919	1,695	41,876	32.10
1920	1,517	36,369	26.60

Digitized by Google

The present status and comparatively high standard of midwives in New York City, has been the result of evolution in supervision and control. Prior to 1907, the control of the practice of midwifery in New York City was very imperfect, and no rigid supervision was exercised, the applicant being required only to appear in person at the office of the Registrar of Records, register her signature, present certificates of good moral character and of experience in midwifery, countersigned by two physicians in good standing. On June 6, 1907, by legislative enactment, and, following investigation and recommendation by the Department of Health, of the City of New York, the Department was authorized to adopt ordinances, rules, and regulations governing the admission into, and exclusion from the practice of midwifery, to define said practice, and to promulgate rules and regulations governing it. Although these rules, regulations and ordinances were a vast improvement upon conditions that existed prior to 1907, and although they effected a decided improvement in the practice of midwifery, nevertheless, the Department's Bureau of Child Hygiene was convinced that further control of the practice was necessary, particularly with reference to the admission of applicants who desired to take up the calling. Accordingly, on March 30, 1915 (effective April 1, 1915), the regulations governing the practice of midwifery were amplified and improved, not only for those who were practicing at the time, but, particularly, with reference to future applicants, in that permits were subsequently issued only to those who presented a diploma from a school of midwifery registered with the Department, and which maintained a satisfactory standard of preparation, conduct, instruction, and course of study. Regulations governing the conduct of schools for midwives were incorporated; diplomas were recognized from schools in other states and cities of the country, if under state or municipal control, and from foreign schools, if under governmental supervision, all of which provided for a minimum resident course of instruction of six months, and which fulfilled the requirements and met the standard of schools under the official rules and regulations.

In 1911 there was established in New York City the Bellevue Training School for Midwives, the first municipal midwifery school operated in this country.

As a result of all this evolution, there has come about an improvement in the character and standard of the midwife in this City, and, by a process of elimination through death, removal, old age, revocation of permits, limitation of licenses, the old type of midwife is fast disappearing and, in her place, there has come a cleaner, better educated, trained, and better equipped type of female birth attendant. It will be noted, by referring to the first table herewith, that during 1920 the numbered of registered midwives, the number and percentage of births attended by them, is lower than for the preceding three years, and that the percentage of births attended by midwives is the lowest since 1909. This is due, in part, to the aforementioned process of elimination and, in part, to the education of a certain proportion of the alien public to the use of properly qualified physicians or maternity institutions, at the time of delivery. This is also particularly due to the fact that the midwife calls more frequently for assistance in normal or unusual cases—the registration of births, in such instances, being recorded by the physician.

If all the mothers delivered by midwives in New York City were to seek the services of maternity institutions or private practitioners, the existing facilities in this city could not meet the demand, because of insufficient institutions and outdoor maternity services to accommodate them, and an insufficient number of properly equipped private practitioners to perform the work ade-

Digitized by Google

quately within the financial means of the family. Apart from that, every expectant mother has the right to ask, if she so desires, that she be delivered at home. The cornerstone of American society is the home, the family unit, and effort should be made to maintain rather than disrupt it. It is because the midwife makes delivery at home possible, makes it possible for the mother to remain with and supervise her family, because she acts as accoucheur, attendant nurse, and confidant, that she occupies such a unique position in cosmopolitan cities. In our supervision of midwives we aim essentially to provide as follows:

(a) To teach them to abide by the rules and regulations governing their practice;

(b) To teach them their limitations before, during and after labor, especially with regard to instruction on pre-natal care, attendance at normal cases only (normal vertex presentation), and the need of immediate medical attention when any deviation from the normal in mother and child occurs at any time before, during or after labor.

(c) To conduct the labor so as to diminish the number of still-births, thus indirectly increasing the birth registration.

(d) To diminish the number of premature births and the number of deaths from congenital diseases, by the distribution of literature on pre-natal care, or by referring mothers about to be delivered by them to the Baby Health Stations of the Department of Health, maternity centres, or other maternity institutions, where such instruction is available.

(e) To refer to maternity centres, or maternity institutions, mothers in whom they found abnormal conditions during pregnancy.

(f) To diminish the number of accidents and deaths of mothers and infants, as well as diseases before, during, and after birth, by seeking all essential medical care.

(g) To diminish the number of eye infections in the new-born, by the compulsory, prophylactic installation of silver nitrate solution, which is furnished them in wax ampules, gratis, by the Department.

(h) To diminish the number of cases of puerperal septicaemia, and other complications and diseases incident to pregnancy, by a rigid regard for cleanliness, and summons of medical aid, immediately, when indicated.

(i) To increase birth registration by prompt report of all births.

(j) To prevent the illegal practice of medicine, or criminal practice, by rigid supervision, and by the institution of stringent measures when they are found to participate in acts of this kind.

This is accomplished by periodic visits of inspectors and nurses to the homes for inspection of the personal and home appearance of midwives and equipment; by individual instruction; by personal interviews at the Borough offices of the Department, in the event of refraction of the rules; by group meetings of midwives, arranged according to nationality, at which talks on various subjects bearing upon their practice, are held, in their own language; by having midwives keep record of all cases which they attend, and stubs of births and stillbirths reported by them; by stimulating them to register expectant mothers with the Department of Health, or, other co-operative agencies, as early in pregnancy as possible, in order that pre-natal instructions may be given; by assuring them that no effort will be made to interfere with their privileges under the terms of their license; by distribution of educational pamphlets and booklets, on the care of mother and child; and by summary action in cases where it is found that they are practicing medicine illegally, or, resorting to criminal practice. The aforementioned is accomplished by license, education and supervision,

Digitized by Google

all of which is provided for in the Department's Regulations Governing the Practice of Midwifery. The following tables will show the results of the control of midwives, with special reference to suppurative eye diseases and puerperal sepsis:

Suppurative Eye Diseases Among Infants	1918	1919	1920
Number of supperative eye cases reported	35	57	57
Reported by midwives	25	27	28
Reported by physicians	4	9	6
Reported by institutions	2	7	15
Reported by other organizations	4	14	8
Number of cases cured	32	49	46
Number of cases blind	—	—	1
Number of cases partially blind	—	—	0
Moved and condition not known	3	8	10
True Ophthalmia			
Number of cases reported	17	27	28
Reported by midwives	5	2	6
Reported by physicians	5	7	13
Reported by institutions	5	18	8
Reported by other organizations	2	—	1
Number of cases cured	10	20	21
Number of cases blind	—	2*	0
Number of cases partially blind	—	—	—
Moved, condition unknown	7	5	5‡

* Died. ‡ 2 cases died.

Puerperal Sepsis

	Attended by Midwife		Attended by Physician		Attended by Hosp.	
	Fatal	Non-fatal	Fatal	Non-fatal	Fatal	Non-fatal
1915	43	0	226	2	...	21
1916	50	0	195	16	...	135
1917	40	1	156	20	33	70
1918	15	1	61	18	84	114
1919	14	2	41	30	102	72
1920	17	4	35	48	89	116

The regulations governing the practice of midwifery make it mandatory upon a midwife to use prophylactic installation of 1 per cent silver solution in the eyes of all new-born children. This regulation is rigidly enforced, and the number of cases in which it is not performed by the midwives are few and far between. Certain it is that there is a more general application of the Crede method of prevention of suppurative eye conditions in the new-born, among midwives, than among physicians. In the latter cases, the use of silver solution is optional. The time is approaching, we feel, when, by legislative enactment it will be made mandatory for physicians to use the silver solution in the eyes of the new-born, directly after birth.

Despite the comparatively large number of infants brought into the world here by midwives during the past ten years, New York City is one of the few large cities of the country in which the maternal death rate from puerperal sepsis, and other conditions incident to pregnancy, has declined during the last decade. In

Digitized by Google

other words, in the prevention of suppurative eye conditions, in maternal mortality from sepsis, and other conditions incident to pregnancy, in the number of stillbirths, in the number of deaths during the first month of life, and in the prompt reporting of births and stillbirths, the midwife, in proportion to the number of mothers delivered by her, stands on the credit side of the ledger as compared with physicians in this city.

Of course, despite our rigid supervision, delinquencies on the part of midwives do, and will occur. These delinquencies necessitate a call to the respective Borough offices of the midwife concerned, and her interview by the Borough Chief, directing attention to the violations and warning that further and repeated acts of this kind will result in revocation of license. During the past year such delinquencies as unclean homes, equipment, and person, death of mother after delivery, delay and failure to report births and stillbirths, have been recorded and followed up.

In all our efforts to minimize maternal and infant morbidity and mortality, an endeavor is made to make an ally of the midwife as far as possible; to gain her confidence and co-operation; to educate her to the limitations of her calling; to increase her efficiency. All of these, so that she may become a useful supplement to the medical profession in cases for which there is a comparatively great demand for her services. We feel that with our supervision, we have raised the tone and standards of the practice of midwifery in this city, and that, with better midwives, there have come better mothers, better babies, and a better infant mortality rate.

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 7, 1921.

There were 1,307 deaths and a rate of 11.86 reported during the week just closed, as compared with 1,385 deaths and a rate of 12.76 during the corresponding week of 1920, a decrease of 78 in the absolute number of deaths and .90 in the rate, which is equivalent, taking into consideration the increase in population, to a decrease of 95 deaths.

There were 3 deaths reported from measles during the week, as compared with 23; 12 deaths from scarlet fever, as compared with 10; 16 deaths from diphtheria, as compared with 23; 9 deaths from whooping cough, as compared with 7. There were 357 deaths from organic diseases of the heart and kidneys, as compared with 354; 130 deaths from the pneumonias, as compared with 185; 110 deaths from pulmonary tuberculosis, as compared with 138.

Viewed from the point of age grouping there were 200 deaths of infants under one year of age, as compared with 209, a decrease of 9 deaths. Between one and five years of age there were 67 deaths, as compared with 128, a decrease of 61 deaths. Between 5 and 65 there was a decrease of 16 deaths and at 65 years of age and over an increase of 8 deaths.

The death rate for the first 19 weeks of the year was 12.87 per one thousand of the population, as compared with 17.30 in the corresponding period of 1920. A remarkable decrease is noted in infant mortality since January 1st, there having been only 79 deaths reported out of every one thousand children born, as compared with 106 during the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 506 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BAKERIES.—Barnard, H. E. Sanitation in bakeries. (Am. J. Pub. Health, May, 1921. pp. 407-409.)

BATHS.—Bernhard, R. A. The administration of public bath houses. (Am. City, April, 1921. pp. 395-397, illus.)

BIOGRAPHY.—Duclaux, Emile Pasteur: the history of a mind, tr. by Erwin F. Smith and Florence Hedges. 1920. 363 pp., illus. 920P28

BLOOD POISONING.—Harlow, Lillian. Mushroom poisoning; first aid treatment for such casualties of the outdoor season. (Forecast, May, 1921. pp. 307-308; 351-352, illus.)

CHEMISTRY—Vulte, H. T. Household chemistry for the use of students in household arts. 1920. 243 p. 641.1 V97

CHILDREN, CARE AND HYGIENE.—Curtis, R. D. Standards and methods for health work among children of pre-school age. (Mod. Med., April, 1921. pp. 244-247.)

COLDS.—Bloomfield, Arthur. Variations in the bacterial flora of the upper air passages during the course of common colds. (Johns Hopkins Hosp. Bull., April, 1921. pp. 121-130, tables.)

INSECTS AS CARRIERS OF CONTAGION.—Pierce, W. D. The insect problems of American cities. 1. Vermin the carriers of dread typhus. (Am. City, April, 1920. pp. 379-382, illus.)

LUNGS, DISEASES.—Greeley, Horace and Mae Brereton. The becteriology of chronic non-tuberculous lung diseases. (J. Lab. & Clin. Med., April, 1921. pp. 349-359, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate* Under One Year Per 1,000 Births

For Thirteen Weeks.

	Feb. 12	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7
Total deaths	1467	1498	1470	1534	1494	1450	1398	1379	1439	1388	1331	1327	1307
Annual Death Rate	13.30	13.59	13 33	13.91	13.55	13.15	12.68	12.51	13.06	12.59	12.07	12.03	11.86
*Acute Infectious Diseases	75	69	68	80	54	51	40	55	56	43	52	56	44
Pul. Tuberculosis..	88	117	110	124	130	130	114	127	112	99	128	109	110
Influenza	9.	10	10	16	20	18	17	10	10	15	16	14	10
Lobar Pneumonia..	104	115	157	189	136	124	122	108	91	110	78	74	78
Broncho Pneum...	99	87	102	113	88	95	92	81	82	67	79	58	52
**Violent Deaths ...	63	72	65	71	81	61	66	80	65	65	61	63	68
Deaths under 1 year.	209	224	202	240	192	215	171	179	224	182	194	208	200
Rates per 1,000 births	82.5	88.4	79.9	94 8	75.8	85.0	67.5	70.6	88.2	71.8	76.5	81.8	78.7
Deaths under 5 years	339	340	315	357	293	308	274	278	327	274	301	298	287
" 5-65 years....	802	826	814	832	855	820	812	819	808	800	757	718	725
" 65 years and over	326	332	341	345	346	322	312	282	304	314	273	311	315

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	172	291	179	271	336	211	206	295	249	427	278	284	264
Diphtheria	506	672	463	470	458	487	376	359	343	361	420	433	418
Measles	101	232	228	202	210	236	196	276	282	215	189	246	212
Scarlet Fever	558	675	520	522	582	517	450	386	428	396	418	344	290
Chickenpox	312	361	297	338	326	320	226	252	236	193	210	196	264
Influenza	84	109	102	101	124	154	165	142	179	176	59	57	49
Pneumonias	391	673	591	589	409	512	447	392	330	370	322	293	271
Typhoid Fever	3	5	8	12	14	8	7	10	7	7	12	12	9
Whooping Cough ...	115	167	158	107	141	121	109	78	130	142	154	170	122
Syphilis	288	406	218	124	223	308	282	286	262	235	210	238	256
Gonorrhoea	54	99	88	51	68	65	56	57	41	48	94	66	139
Poliomyelitis	2	4	..	..	1	..	..		2	1	..	1	1
Cerebro-spinal Meningitis	3	7	9	9	10	7	4	9	6	9	8	4	7
Total	2539	3701	2346	2746	2902	2896	2464	2522	2485	2627	2274	2344	2201

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, May 7, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	612	597	595	1095	305	56	13.99	13.68	13.63
The Bronx	732,016	778,528	158	181	165	311	109	8	11.03	12.13	11.06
Brooklyn	2,022,262	2,077,674	489	410	425	947	164	39	12.49	10.30	10.67
Queens	466,811	497,627	88	84	89	226	34	8	9.64	8.81	9.38
Richmond.....	115,959	121,252	88	85	83	47	13	3	16.87	15.06	14.63
City of New York.	5,621,151	5,751,859	1385	1307	1307	2626	625	114	12.76	11.86	

*Corrected by redistributing deaths according to borough of residence.

During the first nineteen weeks of this year there were 26,961 deaths, a rate of 12.87 per 1,000 population. During the corresponding weeks of last year there were 35,686 deaths, a rate of 17.30 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	23	48	1	4	..	35	28	20	20	8	6	25	105	136	332	129
The Bronx	2	29		2	..	11	9	1	1	1	1	10	19	29	118	39
Brooklyn	11	20	1	3	4	27	11	7	7	9	3	15	61	84	215	111
Queens	2	6	..	1	1	5	3	2	2	2	1	6	12	14	47	23
Richmond	2	7	..	..	..	..	1	..	..	..	..	1	3	4	18	13
Total	40	110	2	10	5	78	52	30	30	15	11	57	200	267	725	315

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	99	91.2	17	15.7	7	10	126	28.6	20	4.5	12	2.7
The Bronx	20	70.3	1	3 5	..	1	33	20.5	1	0.6	6	3.7
Brooklyn	66	70.3	5	5.3	1	4	89	19 9	7	1.6	8	1.8
Queens	12	66 5	1	5.5	.	1	15	14.1	2	1.9	2	1.9
Richmond	3	56.8	..	..	..	..	4	16.8	..	..	1	4.2
City of New York.	200	78.7	24	9.4	8	16	267	22.6	30	2.6	29	2.5

During the first nineteen weeks of this year 3,836 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 5,080 died, a rate of 106. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 4-30-'21.	142	172	21	31	97	51	..	80	18	3	1	4	..	..	..	59	..	541	217	1387
Admitted ...	19	40	9	22	16	28	..	8	3	..	..	2	..	..	..	13	..	25	11	196
Discharged ..	46	42	5	22	27	11	..	12	4	2	..	4	..	..	..	7	..	21	14	217
Died	6	4	2	3	3	3	..		..	..	..	..	..	..	..	..	..	1	3	25
Rem'g 5-7-'21..	109	166	23	28	83	65	.	26	17	1	1	2	..	..	..	65	..	544	211	1841
Total treated	161	212	30	53	113	79	..	38	21	3	1	6	..	..	..	72	..	566	228	1588

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over
All causes	1,307	1,385	702	605	200	33	34	267	58	81	224	362	315
1. Typhoid Fever	2	2	2	..	..	..	..	..	..	1	1	..	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	22	1	2	..	2	1	3	..	..	..	..	..
6. Scarlet Fever	12	10	9	3	2	1	4	7	3	1	1	..	..
7. Whooping Cough	9	7	6	3	7	1	..	8	1	..	..	..	..
8. Diphtheria	16	28	6	10	3	5	3	11	4	..	1	..	..
9. Influenza	10	13	5	5	..	1	1	2	..	..	3	1	4
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	9	4	6	3	4	..	..	4	1	..	2	1	1
13. Pulmonary Tuberculosis	110	138	67	43	1	..	..	1	1	25	47	32	4
14. Tbc. Meningitis	8	21	2	6	3	..	2	5	2	..	1	..	..
15. Other forms Tbc.	10	6	8	2	1	..	..	1	1	1	5	2	..
16. Cancer, Malignant Tumor	117	112	53	64	..	1	..	1	..	2	18	58	38
17. Simple Meningitis	2	2	1	1	..	..	..	..	..	1	1	..	..
17a. Cerebro-spinal Meningitis	2	1	2	..	1	..	1	2	..	..	..	..	..
18. Apoplexy, Softening of the Brain	24	16	10	14	..	..	..	.	..	..	3	5	16
19. Organic Heart Diseases	240	229	117	123	..	1	1	2	7	7	26	94	104
20. Acute Bronchitis	5	15	4	1	3	..	1	4	..	..	..	..	1
21. Chronic Bronchitis	2	1	1	1	..	..	1	1	1	..	..	..	..
22. Lobar Pneumonia	78	80	44	34	7	5	2	14	3	8	16	20	17
22a. Broncho Pneumonia	52	75	31	21	17	8	4	29	1	2	1	7	12
23. Other Respiratory Diseases	9	17	7	2	..	1	..	1	..	..	4	1	3
24. Diseases of the Stomach (Cancer excepted)	10	6	9	1	1	..	..	1	..	1	7	1	..
25. Diarrhoeal Diseases (under 5 years)	30	22	20	10	24	5	1	30	..	..	..	..	..
26. Appendicitis and Typhilitis	14	18	10	4	..	..	2	2	4	3	1	3	1
27. Hernia. Intestinal Obstruction	21	12	10	11	4	..	..	4	..	..	3	7	7
28. Cirrhosis of Liver	6	8	4	2	..	..	..	..	..	..	1	3	2
29. Bright's Disease & Nephritis	100	110	46	54	..	..	2	2	2	..	9	38	49
30. Diseases of Women (not Cancer)	4	2	..	4	..	..	..	..	..	..	3	1	..
31. Puerperal Septicaemia	3	5	..	3	..	..	..	..	..	2	..	1	..
32. Other Puerperal Diseases	9	17	..	9	..	..	..	..	..	1	3	..	..
33. Congenital Debility, and Malformations	89	85	54	35	88	..	1	89	..	..	..	..	..
34. Old Age	4	4	2	2	..	..	..	..	..	..	..	..	4
35. Violent Deaths	68	62	56	12	4	..	4	8	13	9	21	16	1
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	57	58	46	11	2	..	4	6	13	8	14	15	1
c. Homicide	11	4	10	1	2	..	..	2	..	1	7	1	..
36. Suicide	15	6	8	7	..	..	..	..	..	1	4	6	4
*37. All other causes	211	232	99	112	30	1	3	34	14	15	37	64	47
38. Ill-defined causes	3	3	2	1	..	1	..	1	..	1	..	1	..

Deaths in Institutions,	529	Mean temperature,	52.0 deg. Fahr.
Mean barometer,	29.72	Maximum temperature,	69.0 deg. Fahr.
Mean humidity,	72.9	Minimum temperature,	43.0 deg. Fahr.
Precipitation,	1.60		

†If the deaths under one month, numbering 111 from all causes, be deducted from the total deaths under one year, the resulting rate will be 35 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 14, Diabetes 21, Alcoholism 0, Locomotor Ataxia 2, Paresis 5, Arterio-sclerosis 46, all other congenital causes 19.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. May 21, 1921. No. 21.

FINES INFLICTED UPON PHYSICIANS FOR NOT REPORTING CASES OF COMMUNICABLE DISEASE.

While the great majority of physicians in the city recognize the necessity and value of promptly reporting all cases of communicable disease which come under their notice, in accordance with the requirement of the Sanitary Code, there are, unfortunately, a number who repeatedly violate this regulation.

The Department of Health recognizes fully that the effectiveness of its work is, in large measure, dependent upon the friendly and cordial co-operation of the practising physicians of the city. Nothing, therefore can be more distasteful than certain recent occurrences on account of which the Bureau of Preventable Diseases was compelled, in compliance with the law, to bring to the attention of the Corporation Counsel physicians who, despite frequently repeated warnings, failed to conform to these regulations. A number of these physicians, as a consequence, had relatively heavy fines imposed, and, in addition suffered inconvenience, loss of time and humiliation which were inseparable from such procedures.

The officers of the Department of Health upon whom devolves the unpleasant duty of maintaining these laws, suffer almost as keenly as the remiss physicians when they thus find themselves compelled to initiate legal proceedings against members of their own profession, whose good will and friendship they studiously seek to cultivate. Therefore, once again, we urge those relatively few physicians who have been persistent violators of our Sanitary Code, to comply with its requirements, especially in so far as they relate to the reporting of communicable diseases. If any doubt as to a diagnosis is felt, physicians should not defer such notification, but report the cases as "suspicious scarlet fever," suspicious diphtheria," "suspicious measles," etc.

The diagnosticians of the Bureau of Preventable Diseases are, at all times, willing and ready to assist, so far as lies in their power, in arriving at a diagnosis in suspicious or doubtful cases, or in relieving the private physicians of responsibility for diagnoses in cases which require special observation, or present unusual difficulties in diagnosis.

It is unnecessary to call to the attention of physicians that the acute infectious diseases are most communicable in the early stages. Any delay in the diagnosis and reporting of a case, so that proper isolation and quarantine may be enforced, may thus cause the transmission of such disease to others. It is, therefore, desir-

Digitized by Google

able that physicians report all doubtful and suspicious cases. If, as a result of subsequent observation, it should be found that a case has been erroneously diagnosed as one of communicable disease, prompt and proper steps will be taken by the Department of Health to release such case from isolation and quarantine, and from any other restrictions which may have been imposed.

Frequently, physicians are in doubt as to their duty with reference to the reporting of cases of communicable disease to the Department, when such cases have been previously seen by one or more physicians. Unless there is a placard on the door, which gives evidence that such disease has been reported; or unless definite written evidence is presented to such physician by the family, or by the physicians previously in attendance, to show that such a case has already been reported, in compliance with the law, it is the duty of the physician to report such case for his personal protection, even at the risk of duplicating reports.

Undoubtedly, there are many instances where pressure is brought to bear upon the private physician to influence him not to report cases of communicable diseases. This is especially true when persons have the utterly unjustified fear that the Department will forcibly remove a patient to a hospital, or impose unreasonable hardships. This fear is most frequently encountered in cases where a member of the family is a food-handler, or has a shop or store in communication with the living quarters. In still other cases, it is prompted by pure selfishness, and an utter disregard for the welfare of others. If doctors, who from time to time, come face to face with such situations, and are in fear of losing patients who may resent their compliance with the law, could have assurance that all other physicians were equally zealous in obeying the law, they would be more emphatic in withstanding the influence which occasionally operates to persuade them to violate the law. Every time that the Department imposes a fine upon a physician who violates the law, it tends to make it so much easier for the great mass of conscientious, law-abiding physicians to report cases of communicable diseases, without fear of incurring the displeasure of their patients. All physicians should construe the action of the Department in securing the imposition of fines upon physicians violating the law, as a proper and necessary step, rather than one which is hostile to the interests of the profession, and they should encourage and support the attitude of the Department in this matter.

During last month, the Bureau of Preventable Diseases was constrained to serve warning of legal procedures in over two hundred instances, where physicians had failed to comply with the requirements of the Sanitary Code in relation to reporting communicable disease.

This communication to the medical profession through the Bulletin is not intended as a threat. It is to be hoped that the appeal, one of a great many which have been made, will persuade those physicians who occasionally are guilty of such a lapse, to be more studiously observant of the requirements of the law, so that the Department may not be under the painful necessity of taking legal action against them.

SECTIONS OF SANITARY CODE AFFECTING MEDICATED AND DENATURED ALCOHOL AMENDED.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 28th day of April, 1921, the following resolutions were adopted:

RESOLVED, That Section 130 of the Sanitary Code be and the same is hereby amended and made to read as follows:

Section 130. Medicated alcohol; sale and distribution regulated.- No person shall sell, offer for sale, give away, deal in, or supply, any article of food, drug,

Digitized by Google

drink or medicine, intended for internal human use, which contains any medicated alcohol, whatever may be the name or trade mark under or by which the said medicated alcohol shall be called or known.

No person shall sell, offer for sale, give away, deal in, or supply, or have in his or her possession with intent to sell, offer for sale, give away, deal in, or supply at retail, any medicated alcohol, whatever may be the name or trade mark or by which the said medicated alcohol shall be called or known, unless the container in which the same is sold, offered for sale, given away, dealt in, or supplied, shall bear a notice containing the following device and words conspicuously printed or stenciled thereon, viz.:

POISON

MEDICATED ALCOHOL

Warning.—It is unlawful to use this fluid in any article of food, drink, or medicine, intended for internal human use.

The term "medicated alcohol" as herein used, shall be taken to mean and include ethyl alcohol to which has been added some poisonous material and which is sold at retail as medicated alcohol.

RESOLVED, That Section 131 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Section 131. Completely denatured alcohol; sale and distribution regulated.—No person shall sell, offer for sale, give away, deal in, or supply, any article of food, drug, drink, or medicine, intended for external or internal human use, which contains any completely denatured alcohol, whatever may be the name or trade mark under or by which the said completely denatured alcohol shall be called or known.

No person shall sell, offer for sale, give away, deal in, or supply, or have in his or her possession with intent to sell, offer for sale, give away, deal in, or supply, at retail, any completely denatured alcohol, whatever may be the name or trade mark under or by which the said completely denatured alcohol shall be called or known, unless the container in which the same is sold, offered for sale, given away, dealt in, or supplied, shall bear a notice containing the following device and words conspicuously printed or stenciled thereon, viz.:

POISON

COMPLETELY DENATURED ALCOHOL

Warning.—It is unlawful to use this fluid in any article of food, drug, drink, or medicine, intended for external or internal human use.

Digitized by Google

The term "completely denatured alcohol," as herein used, shall be taken to mean and include ethyl alcohol to which has been added some poisonous material, and which is sold at retail as completely denatured alcohol.

True copies.

CHARLES L. KOHLER,
Secretary.

INTERESTING HISTORY OF A TYPHOID CARRIER.

"In the autumn of 1907 attention was drawn to the connection of a Mrs. W. with ten cases of typhoid fever. A health inspector was instructed to inquire closely into her history, and he presented a report, of which the following is a summary: 'Mrs. W., aged 54, had good health till 1893, when she had an illness, said to be influenza, with headache, pains in back and limbs, delirium, and great sickness. She was for five weeks in a union hospital. Her health after this was good till 1898, since when she has had periodic attacks of great abdominal pain, with vomiting and blood-colored urine.'

"Cases of typhoid continued to occur in Mrs. W's house, and there was barely a year without an infection. Her husband died in 1906, aged 64. He is stated to have had sickness and diarrhoea and an abscess on the side, but it was evidently not considered typhoid. In 1912 she was treated at home with salol and urotropin with a view to free the excreta from the typhoid bacillus, but without success. In January, 1913, she was admitted to Monsall Fever Hospital and treated with an autogenous typhoid vaccine prepared at the Public Health Laboratory. After several weeks' treatment examination of excreta at the hospital gave negative results, and she was discharged April, 1913. One month later the typhoid bacillus was again present in the faeces, but not in the urine, and another case of typhoid occurred in her house the same year. The Manchester Health Committee then resolved to give her a pension on condition that she took no more lodgers. She began about this time to show signs of malignant disease, and died in Monsall Fever Hospital, May, 1914. The blood was tested on two occasions at the Public Health Laboratory for the Widal reaction; in November, 1907, it was negative, but a year later it was positive, and when patient was in Monsall Hospital, 1913, it was positive. After Mrs. W's death, the spleen, liver, kidneys and mesenteric glands were sent to the Public Health Laboratory for bacteriological examination. Cultures made from the liver, spleen, kidneys and glands showed a large growth of the B. coli only, but it should be remarked that the organs arrived 48 hours after death. In the gall-bladder there was a fair-sized gall stone of cylindrical shape; this was cut in half and cultures made from the interior. Numerous colonies of the typhoid bacillus was found, as well as a bacillus of the Gaertner group. The typhoid bacillus was also recovered from the bile, but with some difficulty, as it appeared to be growing in symbiosis with a Gaertner bacillus; one distinct colony contained both bacilli."—(*Lancet, April* 2, 1921.)

RECENT ARTICLES IN THE "MONTHLY BULLETIN."

The Department of Health's "Monthly Bulletin" for February, March, and April, contained the following articles:

"The Housing Situation in the City of New York," by J. M. Lonergan, Supervising Chief Inspector, Sanitary Bureau.

Digitized by Google

"Work of the Bureau of Laboratories During 1920," by William H. Park, M. D., Director of the Bureau.

"Work of the Division of Industrial Hygiene During 1920," by S. Dana Hubbard, M. D., Superintendent, Division of Industrial Hygiene.

"Work of the Bureau of Public Health Education," by S. Dana Hubbard, M. D., Director, Bureau of Public Health Education .

"Work of the Sanitary Bureau During 1920," by Frank J. Monaghan, M. D., Deputy Commissioner, and J. M. Lonergan, Supervising Chief Inspector, Sanitary Bureau.

"Work of the Division of Institutional Inspection During 1920," by H. G. MacAdam, M. D., Chief of the Division, and C. E. Banker, M. D., Assistant to the Chief.

Any one interested, who has not already had copies of the above issues, should apply to the Bureau of Public Health Education, 505 Pearl Street, Manhattan.

THE VACCINATION CAMPAIGN.

During the months of March and April vaccinations were performed in the greater city, by the medical inspectors of the Department of Health, in accordance with the tables given below. The total vaccinations during March were 1,566, as contrasted with 1,594 effected during February. During April, 2,484 persons were vaccinated.

VACCINATIONS DURING MARCH.

	No. of Centers.	No. of Inspectors.	Total No. of Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs Issued
Manhattan	10	10	670	364	306	277	267
Bronx	2	3	154	138	16	135	134
Brooklyn	9	11	578	575	3	682	658
Queens	7	3	90	90	0	50	50
Richmond	1	1	64	58	6	51	51
City	29	28	1566	1226	341	1132	1172

VACCINATIONS DURING APRIL

	No. of Centers.	No. of Inspectors.	Total No. of Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs. Issued
Manhattan	10	10	903	639	264	379	374
Bronx	2	3	313	311	32	178	178
Brooklyn	9	11	1035	1027	8	729	719
Queens	7	3	115	109	6	67	58
Richmond	1	1	88	84	4	42	40
City	29	28	2484	2170	314	1395	1369

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 14, 1921.

For every week since January 1st, 1921, there has been a recorded death rate lower than each of the corresponding weeks in the year 1920 and last week proved no exception to this continued lowering of the death rate. There were 1,256 deaths reported with a rate of 11.39 per 1,000 of the population as compared with 1,332 deaths and a rate of 12.27 in the corresponding week of 1920, a decrease in the absolute number of deaths of 76 and in the relative number of deaths of 97; this latter being based on the increase of the population in 1921 over 1920.

There were 6 deaths reported from encephalitis lethargica as compared with none in the corresponding week of 1920; 10 deaths from scarlet fever as compared with 7; 19 deaths from diphtheria and croup as compared with 12; 6 from cerebro-spinal meningitis as compared with 4; 112 from cancer as compared with 98; 265 from organic heart disease as compared with 214.

Digitized by Google

Those causes showing decreased mortality were as follows:

Measles, 10 deaths as compared with 30.

Whooping Cough, 8 deaths as compared with 16.

Bright's Disease, 75 deaths as compared with 81.

Influenza, 9 deaths as compared with 16.

Bronchitis, 5 deaths as compared with 24.

The Pneumonias, 116 deaths as compared with 159.

Pulmonary Tuberculosis, 119 deaths as compared with 145.

Other tuberculous diseases, 16 deaths as compared with 22.

There were 172 deaths of infants under one year of age as compared with 198; 249 deaths of children under 5 years of age as compared with 334.

The death rate for the first 20 weeks of the year was 12.80 per one thousand of the population as compared with 17.05 during the corresponding period of the year 1920. Seventy-nine children died out of every 1,000 born since January 1st, 1921, to date, as compared with the deaths of 104 children out of every 1,000 born in the corresponding period of 1920.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Feb. 19	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr 30	May 7	May 14
Total deaths	1498	1470	1534	1494	1450	1398	1379	1439	1388	1331	1327	1307	1256
Annual Death Rate	13.59	13 33	13.91	13.55	13.15	12.68	12.51	13.06	12.59	12.07	12.03	11.86	11.39
*Acute Infectious Diseases	69	68	80	54	51	40	55	56	48	52	56	44	55
Pul. Tuberculosis..	117	110	124	130	130	114	127	112	99	128	109	110	119
Influenza	10	10	16	20	18	17	10	10	15	16	14	10	9
Lobar Pneumonia..	115	157	139	136	124	122	108	91	110	78	74	78	60
Broncho Pneum...	87	102	113	83	95	92	81	82	67	79	58	52	56
**Violent Deaths ...	72	65	71	81	61	66	80	65	66	61	63	68	65
Deaths under 1 year.	224	202	240	192	215	171	179	224	182	194	208	200	172
Rates per 1,000 births	88.4	79.9	94 8	75.8	85.0	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7
Deaths under 5 years	340	315	357	293	308	274	278	327	274	301	298	267	249
" 5-65 years....	828	814	882	855	820	812	819	808	800	757	718	725	721
" 65 years and over	332	341	345	346	322	312	282	304	314	273	311	315	286

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	291	179	271	336	211	206	295	249	427	278	284	264	284
Diphtheria	672	463	470	458	437	376	359	343	361	420	438	418	422
Measles	232	223	202	210	236	196	276	222	215	189	246	212	321
Scarlet Fever	675	520	522	582	517	450	386	428	396	418	344	290	303
Chickenpox	361	297	338	326	320	226	252	236	193	210	196	254	193
Influenza	109	102	101	174	154	165	142	179	176	59	57	49	26
Pneumonias	673	591	539	409	512	447	392	330	370	322	293	271	227
Typhoid Fever	5	8	12	14	8	7	10	7	7	12	12	9	10
Whooping Cough ...	167	158	107	141	121	109	78	130	142	154	170	132	169
Syphilis	406	218	124	223	308	222	266	262	285	210	238	256	192
Gonorrhoea	99	83	51	68	65	56	57	41	48	94	66	138	77
Poliomyelitis	4	..	..	1	..	..	..	2	1	..	1	1	..
Cerebro-spinal Meningitis	7	9	9	10	7	4	9	6	9	8	4	7	7
Total	3701	2846	2746	2902	2896	2464	2522	2435	2627	2374	2344	2301	2231

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, May 14, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	603	601	588	1048	338	59	13.79	13.77	13.47
The Bronx	732,016	778,528	160	129	129	278	89	13	11.17	8.64	8.64
Brooklyn	2,022,262	2,077,674	466	416	427	949	334	45	11.93	10.45	10.72
Queens	466,811	497,627	76	79	89	156	27	7	8.29	8.28	9.33
Richmond.....	115,969	121,252	27	31	23	59	14	5	11.93	13.34	9.90
City of New York.	5,621,151	5,751,859	1332	1256	1256	2485	802	129	12.27	11.39	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty weeks of this year there were 28,217 deaths, a rate of 12.80 per 1,000 population. During the corresponding weeks of last year there were 37,018 deaths, a rate of 17.05 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	28	45	2	1	1	26	24	17	15	11	3	34	97	142	341	118
The Bronx	..	30	1	1	..	5	9	1	1	2	..	6	15	19	88	22
Brooklyn	15	26	2	6	3	27	17	5	5	4	1	16	47	71	234	111
Queens	3	3	1	1	.	2	3	1	1	1	1	2	10	14	38	27
Richmond	1	10	..	..	1	..	3	..	..	..	.	2	3	3	20	8
Total	47	119	6	9	5	60	56	24	22	18	5	60	172	249	721	286

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Diarrhoeal Diseases. Deaths.	Diarrhoeal Diseases. Rate per 1,000 Births.	Diarrhoeal Diseases. In Institutions.	Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	86	79.3	15	13.8	9	6	128	29.0	15	3.4	24	5.4
The Bronx	23	80 9	1	3 5	..	1	28	17.4	1	0.6	2	1.2
Brooklyn	49	52.1	5	5.3	2	3	74	16 5	5	1.1	10	2.2
Queens	11	61 1	1	5.5	.	1	16	15.0	1	0.9	3	2 8
Richmond	3	56.6		..	..	..	3	12.6	..	..	1	4.2
City of New York.	172	67.7	22	8.7	11	11	249	21.1	22	1.9	40	3.4

During the first twenty weeks of this year 4,008 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 5,278 died, a rate of 104. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total.
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 5-7-'21..	109	166	23	28	83	65	..	26	17	1	1	2	..	..	..	65	..	544	211	1341
Admitted ...	32	48	21	21	13	12	..	4	2	1	..	2	..	..	..	11	..	19	11	197
Discharged ..	39	39	12	13	14	12	..	8	3	1	..	..	..	..	..	13	..	22	17	198
Died	1	11	1	4	3	4	..	1	..	..	1	1	..	..	..	..	..	..	2	29
Rem'g 5-14-'21.	101	164	31	32	79	61	..	21	16	1	..	3	..	..	..	63	..	541	203	1316
Total treated	141	214	44	49	96	77	..	30	19	2	1	4	..	..	..	76	..	563	222	1538

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920	Males.	Females.	†Under 1 Year.	1 Year and Under 2.	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,256	1,332	650	606	172	33	44	249	62	74	220	365	286
1. Typhoid Fever	2	1	1	1	..	..	..	..	..	..	1	1	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	10	30	5	5	2	4	2	8	2	..	..	..	..
6. Scarlet Fever	10	7	5	5	2	1	4	7	2	1	..	..	..
7. Whooping Cough	8	16	2	6	5	1	2	8	..	..	..	..	..
8. Diphtheria	19	12	9	10	4	4	9	17	2	..	..	..	..
9. Influenza	9	16	2	7	2	1	..	3	1	..	1	1	3
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	7	8	2	5	3	..	..	3	..	1	1	..	2
13. Pulmonary Tuberculosis	119	145	75	44	2	..	..	2	1	26	57	32	1
14. Tbc. Meningitis	11	12	4	7	3	1	2	6	1	1	3	..	..
15. Other forms Tbc.	5	10	2	3	..	..	..	..	2	1	2	..	..
16. Cancer, Malignant Tumor	112	88	55	57	..	..	..	..	..	1	12	60	39
17. Simple Meningitis	6	11	1	5	1	1	..	2	3	1	..	..	..
17a. Cerebro-spinal Meningitis	6	4	3	3	1	..	2	3	1	1	1	..	..
18. Apoplexy, Softening of the Brain	14	20	8	6	..	..	..	..	..	..	..	7	7
19. Organic Heart Diseases	256	204	119	137	..	..	..	..	11	9	24	88	124
20. Acute Bronchitis	5	24	5	..	5	..	..	5	..	..	..	..	..
21. Chronic Bronchitis	4	3	4	..	..	..	..	..	..	..	1	1	2
22. Lobar Pneumonia	60	78	30	30	4	5	2	11	1	5	12	23	8
22a. Broncho Pneumonia	56	81	33	23	19	8	3	30	5	1	6	8	6
23. Other Respiratory Diseases	13	7	8	5	1	1	1	3	..	..	3	4	3
24. Diseases of the Stomach (Cancer excepted)	6	9	5	1	..	..	..	..	..	..	3	1	2
25. Diarrhoeal Diseases (under 5 years)	22	20	13	9	22	..	..	22	..	..	..	..	..
26. Appendicitis and Typhilitis	15	24	11	4	..	..	..	..	4	1	5	4	1
27. Hernia. Intestinal Obstruction	12	10	7	5	2	1	..	3	..	2	1	4	2
28. Cirrhosis of Liver	7	7	3	4	..	..	..	..	..	..	..	3	4
29. Bright's Disease & Nephritis	75	81	36	39	..	..	1	1	..	2	8	35	29
30. Diseases of Women (not Cancer)	8	2	..	8	..	..	..	..	..	..	5	3	..
31. Puerperal Septicaemia	5	2	..	5	..	..	..	..	..	2	3	..	..
32. Other Puerperal Diseases	10	5	..	10	..	..	..	..	..	4	6	..	..
33. Congenital Debility, and Malformations	78	76	34	44	75	2	1	78	..	..	..	..	..
34. Old Age	9	5	5	4	..	..	..	..	..	..	..	..	9
35. Violent Deaths	65	67	52	13	1	2	10	13	11	5	22	8	6
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	60	62	47	13	1	2	10	13	9	5	19	8	6
c. Homicide	5	5	5	..	..	..	..	..	2	..	3	..	..
36. Suicide	18	17	11	7	..	..	..	..	1	3	7	6	1
*37. All other causes	188	232	94	94	17	1	5	23	14	6	32	76	37
38. Ill-defined causes	6	2	6	..	1	..	..	1	..	1	4	..	..

Deaths in Institutions,	505	Mean temperature,	60.6 deg. Fahr.
Mean barometer,	29.85	Maximum temperature,	80.0 deg. Fahr.
Mean humidity,	63.3	Minimum temperature,	43.0 deg. Fahr.
Precipitation,	1.33		

†If the deaths under one month, numbering 94 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 5, Diabetes 32, Alcoholism 1, Locomotor Ataxia 0, Paresis 6, Arterio-sclerosis 49, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. MAY 28, 1921. No. 22.

MATERNAL MORTALITY IN NEW YORK CITY.

In an article published in the American Journal of Hygiene, March, 1921, entitled "The Real Risk-Rate of Death to Mothers from Causes Connected with Childbirth," by William Travis Howard, Jr., of the Department of Biometry and Vital Statistics, School of Hygiene and Public Health, Johns Hopkins University, Baltimore, a comparison is made of the total death rate from puerperal diseases and the death rate from various types of diseases connected with the puerperal state, in various American cities and in certain European cities. It is interesting to note that an analysis of these figures places New York City in a favorable position, with regard both to its total mortality rate from puerperal diseases and its mortality rate from puerperal fever. In discussing the total death rate from all diseases connected with the puerperal state, Mr. Howard states:

"The average total rate from all diseases connected with the puerperal state for New York City (46.11 per 10,000 labors), conspicuously lower than that for any of the other cities of the United States under consideration, is over 35 per cent higher than that for Birmingham. The average rate for puerperal septicaemia is not only lower than that for Birmingham, but the rate for this affection has fallen continuously throughout the five-year period, and in 1919 reached the remarkably low figure of 11.41 per 10,000 labors. The reports of the Department of Health indicate that this result has been materially influenced by persistent and intelligently directed administrative measures. While the rates (New York City) for the other categories are not so low as those for Birmingham, they are well below those for the other American cities in this group." Mr. Howard further states: "There is happily in the Department of Health of the City of New York evidence of a direct relation between the statistical studies in the Bureau of Records and the successful efforts toward the administrative control of puerperal fever, but in this respect New York stands in lonely isolation."

A table of maternal death rates from all causes connected with the puerperal state, based upon 10,000 labors (live and stillbirths) for the years 1915 to 1919 is given, as follows, for certain American cities and for two European cities where the necessary statistical data were available:

United States.		Europe.	
New York City	46.11	Stockholm (Sweden	40.42
Philadelphia	61.48	Birmingham (England)	33.49
Baltimore	64.89		
Boston	70.71		

Digitized by Google

Mr. Howard discusses the figures for the maternal mortality rates for the birth registration area of the United States for 1918. He states that it is estimated that this area contains 53 per cent of the population of the United States. In it are situated, besides the great cities of the Atlantic Coast and the Great Lakes region (excluding Chicago, however), a great number of smaller cities of New England, New York, Pennsylvania, Ohio, Kentucky, and some of the western states. In this area the total number of births—1,412,283 in 1918—is almost equally divided among urban and rural communities.

In discussing the results of an analysis of the death rates from causes incident to childbirth, in the whole registration area of the United States, Mr. Howard states that: "The death rates, whether viewed in comparison with the rates for England and Wales or considered alone, are appallingly high for total deaths and for deaths under each important category. These rates, although calculated by a method more favorable than that used in comparative tables in which stillbirths are not taken into account, are probably unparalleled in modern times in a civilized country. To match the rate for the whole puerperal state (88.48 per 10,000 births) it is necessary to revert to the Swedish rate for 1806-1810 (89 per 10,000 births). It is more than double the Swedish rate for 1851-85, 75 per cent greater than the average rate for England and Wales for 1847 to 1876 (50 per 10,000 living births) and 120 per cent greater than the average rate for the latter area for 1911-1915 (40.31 per 10,000 living births), though the rate for the United States birth registration area—in which an allowance of 3.44 per cent is made for stillbirths—is calculated on terms more favorable than that for England and Wales."

In Mr. Howard's article, he pays particular attention to puerperal septicaemia as a cause of maternal deaths. The death rate from this cause per 10,000 labors, for the years 1915-1919, inclusive, are given, as follows:

New York City	14.41
Birmingham (England)	15.96
Baltimore	19.70
Boston	24.03
Philadelphia	27.10
Stockholm (Sweden)	30.16

From these figures it may be seen that New York City has a lower death rate from puerperal septicaemia than any of the other cities under consideration. Attention may be called, also, to the fact that puerperal septicaemia, as a cause of death, must be considered as preventable, whereas many of the other causes of maternal deaths are preventable only to a limited extent.

This satisfactory reduction of the maternal death rate from puerperal diseases in New York City (the rate for 1919 being 11.41 per 10,000 labors, as compared with a rate for the five year period, 1915-1919, of 14.41) is believed by the Department of Health to be due to the administrative measures which have been carried out for the better protection of women during the puerperal period, and for raising the standards of obstetrics by midwives. Measures of this type have been carried out in New York City for the last twelve years, and are considered by the Department to be essential in any well-rounded public health program.

Control of the practice of midwifery in New York City, as detailed in the Bulletin of May 14, last, includes refusal to issue a license to any midwife who had not practiced in the city prior to 1907 unless she is a graduate of the Bellevue Hospital School for Midwives, which is maintained by the City of New York and has an eight months course of instruction, or unless she is a graduate of an accredited European school of equal or higher standing. In addition, the Bureau

Digitized by Google

of Child Hygiene carries on a systematic and widespread supervision of the practice of these women who, at the present time, report about 37 per cent of all births. It can hardly be claimed that the general type of obstetrical practice by physicians, and the conduct of the lying-in hospitals of New York City are on a higher plane than obtains in Baltimore, Philadelphia, or Boston. While there is no question that an advance in obstetrical practice has been noticeable in the last decade, the fact still remains that New York is the only one of the cities of the United States mentioned in this report which has instituted and maintained a vigorous and far-reaching control of the practice of midwives. The Department believes that it is reasonable to infer that these administrative measures have been a prominent factor in the reduction of the death rate from puerperal diseases.

The death rates from all causes connected with the puerperal state, are much lower for New York City than for any of the other cities in the United States that have been studied, and the Department of Health feels that this reduction is due to several causes:

1st: General improvement in obstetrical practice.

2nd: Education, licensing, and control of the practice of midwives.

3rd: Prenatal care, maternity nursing, and postnatal care.

All of the above features are part of the administrative program of the Bureau of Child Hygiene of the Department of Health of this City. Results that have been obtained by the Bureau, and by various private agencies, clearly indicate that this type of work results in a saving of many lives, of both mothers and babies.

In a period of years, 1914 to 1918, inclusive, among mothers who have received the advantages of prenatal care, the percentage of maternal deaths during the period of pregnancy was .24 as compared with .45 for the City as a whole, a reduction of about 50 per cent, while the death rate under one month of age per thousand babies born to mothers under prenatal supervision was 17.7, as compared with 36.3 for the same type of babies in the City as a whole, again a reduction of over 50 per cent.

What has been accomplished in New York City is easily possible for any other community. The Sheppard-Towner bill, which is now before Congress, will make such a type of work available for any part of the United States. The Department of Health of this City is on record as urging the passage of this bill as a life-saving measure of the first importance.

LATEST HARRISON NARCOTIC LAW DECISIONS.

The United States Circuit Court of Appeals handed down decisions on May 19th affirming the convictions of Doctors Daniel J. Hoyt and Leopold Harris for violation of the Harrison Law. Both physicians had been convicted for their illegal use of the so-called ambulatory treatment of drug addicts.

The opinions were written by Judge Rogers and concurred in by the other members of the Federal Court. In reviewing the evidence against Dr. Hoyt the court states:

> "The defendant admitted that an addict could not be taken off the drug by the sole method of the drug being given to him to administer to himself, that is by what is known as the ambulatory method. He admitted that to take him off the drug it was essential that the addict should be put under

Digitized by Google

absolute control. Nevertheless he was for long periods of time and for self administration furnishing the drug to large numbers of persons over whom he had no control. . . . It is also asserted that the Government failed to prove that there is any method for the successful treatment of addicts, and, if there is, in what it consists. We think the defendant's own testimony on the subject of a cure is sufficient in itself and, without more, to justify the verdict of the jury. The Government, however, called to the stand as an expert witness a member of the staff of Bellevue Hospital in New York City, who had made a study of narcotic drug addiction and who had treated thousands of such cases, and who testified fully on the subject. He testified that drug addiction cannot be cured except by putting a person into an institution where he cannot get the drug."

In another case, just decided by the Circuit Court of Appeals in South Carolina, the conviction of Dr. Louis D. Barbot was affirmed. The opinion in that case states:

"A careful review of the decisions as they exist at the present time, make clear the fact that when a physician is charged with unlawfully selling or prescribing drugs under the Harrison Act, the case turns largely upon his good faith in prescribing drugs to his regular patients, for maladies requiring the administration of the drug, or whether he prescribed for persons seeking his professional aid merely to procure the drug. In the latter case, the physician might, perhaps, in a single instance, afford temporary relief for one whose condition demanded immediate treatment. To go further than this, would enable every doctor to do just what the defendant did here, furnish the drug to addicts, or afford opportunity to them to procure all the narcotics they desired; as, unrestrained, they would go from one physician to another, and thus quickly destroy the whole purpose of the act in question."

SUBSTITUTES FOR MILK FAT.

Letter Addressed to Dairymen's League News by Commissioner Copeland.

"Replying to your communication of March 18th, concerning the proposed legislation in the State of New Jersey, with special reference to the use of cocoanut oil in milk products, I wish to inform you that the Department of Health of the City of New York is vigorously opposed to the substitution of cocoanut oil for butterfat.

"It takes this position for the reason that cocoanut oil does not possess the food value that butterfat possesses and the substitution of same for any milk product would undoubtedly be reflected in the health of the children of this city. Cocoanut oil is no substitute for milk. Cocoanut oil does not possess the same growing qualities found in the butterfat of milk, and any legislation which would permit the addition of cocoanut oil to any milk product would be opposed to the best interests of the people of the city.

"Under the laws of the State of New York, it is a violation to mix a butterfat with cocoanut oil in the semblance of cream.

"The Board of Health of this city has adopted a standard for ice-cream, in which the use of cocoanut oil or vegetable fats are prohibited. To permit the use of vegetable fats or cocoanut oil in any standard for ice-cream would result in making the standard unenforcible, because it is impossible for the chemical labor-

Digitized by Google

atory to determine the exact proportions of each, when cocoanut oil and butter fat are included in any product.

"The government standards for ice-cream are opposed to the addition of cocoanut oil to a product which is sold as ice-cream, and a number of other states in the Union have taken a similar position, therefore, it would be unfortunate for New Jersey to adopt such a law.

"Furthermore the dairy farmers have had enough to bear without another attack upon the milk industry, and I want to see the herds enlarged and the production of milk increased. Nothing is more important to the public health than a larger consumption of milk and milk products. If the industry is discouraged, it will be a step backward in the public welfare.

"I cannot put sufficient emphasis upon the fact that there is no substitute for milk, and that the addition of cocoanut oil in any milk product would be a menace to the children of the City.

"Very truly yours,

"R. S. COPELAND,

"Health Commissioner of New York City."

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 21, 1921.

The health of the City during the past week was excellent, as reflected in the exceedingly low death rate of 11. per 1,000 of the population, there having been 1,215 deaths reported as compared with 1,324 deaths in the corresponding week of 1920, and a rate of a little over 12 per one thousand of the population.

There were 4 deaths reported from measles as compared with 15; 2 from encephalitis lethargica as compared with 7; 3 from whooping cough as compared with 10; 3 from cerebro-spinal meningitis as compared with 7; 83 from pulmonary tuberculosis as compared with 119; 20 from diarrhoeal diseases as compared with 31; thus the infectious diseases show a considerably lower mortality. On the other hand scarlet fever and diphtheria showed increased mortality, the deaths reported therefrom being respectively 13, as compared with 3 and 23 as compared with 17.

There were 130 deaths reported from acute respiratory diseases as compared with 150; organic heart and kidney diseases combined showed a mortality of 350 as compared with 372. There were no deaths reported during the week from typhus fever or acute polomyelitis.

A very considerable reduction was noted in the mortality of infants under one year of age, there having been only 155 deaths reported as compared with 201; between 1 and 5 years of age there were 76 deaths reported as compared with 98. The only age group which showed an increase in mortality was that of 65 years of age and over, there having been 308 deaths reported as compared with 292.

The death rate for the first 21 weeks of the year was 12.72 per 1,000 of the population as compared with 16.82 in the corresponding period of 1920, a reduction of 4.10 points. From January 1st to date 78 children died out of every 1,000 born as compared with 103 deaths at this age group in the corresponding period of 1920, a decrease of 25 per 1,000.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DIPHTHERIA—Simmons, J. S., and others. Diphtheria infections, with particular reference to carriers and to wound infections with B. diphtheriae. (J. Infec. Diseases, April, 1921. pp. 327-340.)

DRUG ADDICTION.—Kearney, P. W. Common sense in drug addiction. (Am. City, May, 1921. pp. 499-503.)

FOOD POISONING.—Harlow, Lillian. Mushroom poisoning; first aid treatment for such casualties of the outdoor season. (Forecast, May, 1921. pp. 307-308; 351-352, illus.)

MEDICINE.—Practical Medicine Series.
- v. 2—General surgery. 1920. 620 p., illus.
- v. 3—The eye, ear, nose and throat. 1920. 382 p., illus.
- v. 4—Pediatrics and orthopedic surgery. 1920. 256 p., illus.
- v. 5—Gynecology and obstetrics. 1920. 384 p., illus. **610.P86**

MILK.—American Public Health Association. Pasteurization of milk: report of Committee on Milk Supply of the Sanitary Engineering Section. 1920. 32 p. **614.32Am3p**

OCCUPATIONS, DISEASES AND HYGIENE.—Hoffman, F. L. Occupational diseases and their compensation with special reference to anthrax and miners' lung diseases. 1920. 45 p. **613.6 H67 od**

ORAL HYGIENE.—O'Brien, F. W., and others. Symposium on dental infections and their relation to disease. (Bost. M. & S. Jour., April 28, 1921. pp. 427-436, illus.)

PATENT MEDICINE.—Parker, L. A. Unofficial drugs and their control. (Am. J. Nursing, May, 1921. pp. 524-530.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births.

For Thirteen Weeks.

	Feb. 26	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21
Total deaths	1470	1534	1494	1450	1398	1379	1439	1388	1331	1327	1307	1256	1215
Annual Death Rate	13.33	13.91	13.55	13.15	12.68	12.51	13.06	12.59	12.07	12.03	11.86	11.39	11.02
*Acute Infectious Diseases	68	80	54	51	40	55	56	48	52	56	44	55	48
Pul. Tuberculosis..	110	124	130	130	114	127	112	99	128	109	110	119	83
Influenza	10	16	20	18	17	10	10	15	16	14	10	9	11
Lobar Pneumonia..	157	139	136	124	122	108	91	110	78	74	78	60	69
Broncho Pneum...	102	113	83	95	92	81	82	67	79	58	52	56	49
**Violent Deaths ...	65	71	81	61	66	80	65	65	61	68	68	65	61
Deaths under 1 year.	202	240	192	215	171	179	224	182	194	208	200	172	155
Rates per 1,000 births	79.9	94 8	75.8	85.0	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9
Deaths under 5 years	315	357	293	308	274	278	327	274	301	298	267	249	221
" 5-65 years....	814	832	855	820	812	819	808	800	757	718	725	721	676
" 65 years and over	341	345	346	322	312	282	304	314	273	311	315	286	308

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	179	271	336	211	206	295	249	427	278	284	264	284	243
Diphtheria	463	470	458	437	376	359	343	361	420	433	418	422	348
Measles	223	202	210	236	196	276	222	215	189	246	212	321	321
Scarlet Fever	520	522	582	517	450	386	428	396	418	344	290	308	287
Chickenpox	297	338	326	320	226	252	236	193	210	196	254	198	200
Influenza	102	101	174	154	165	142	179	176	59	57	49	26	17
Pneumonias	591	539	409	512	447	392	330	370	322	293	271	227	206
Typhoid Fever	8	12	14	8	7	10	7	7	12	12	9	10	7
Whooping Cough ...	158	107	141	121	109	78	130	142	154	170	132	169	151
Syphilis	218	124	223	308	222	266	262	285	210	238	256	192	235
Gonorrhoea	83	51	68	65	56	57	41	48	94	66	138	77	26
Poliomyelitis	..	..	1	..	..	..	2	1	..	1	1	..	..
Cerebro-spinal Meningitis	9	9	10	7	4	9	6	9	8	4	7	7	7
Total	2846	2746	2902	2896	2464	2522	2435	2627	2374	2344	2301	2231	1948

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, May 21, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births.	Marriages	Still-births	Death Rate 1920.	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	604	566	552	1133	237	47	13.81	12.97	12.65
The Bronx	732,016	778,528	148	134	127	285	87	14	10.33	8.98	8.51
Brooklyn	2,022,262	2,077,674	437	405	426	959	184	45	11.19	10.17	10.70
Queens	466,811	497,627	105	88	89	160	23	4	11.45	8.70	9.33
Richmond.....	115,969	121,252	30	27	21	62	13	1	13.25	11.62	9.04
City of New York.	5,621,151	5,751,859	1324	1215	1215	2599	494	111	12.20	11.02	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-one weeks of this year there were 29,432 deaths, a rate of 12.72 per 1,000 population. During the corresponding weeks of last year there were 38,342 deaths, a rate of 16.82 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	21	85	2	5	4	40	26	10	8	12	7	22	79	116	315	135
The Bronx	3	23	..	1	..	6	3	..	..	1	2	7	13	18	83	33
Brooklyn	13	12	1	3	8	21	16	8	8	6	1	17	48	77	217	111
Queens	5	9	..	2	..	2	3	4	4	1	..	8	11	15	44	24
Richmond	1	4	..	..	..	..	1	..	..	..	..	2	4	5	17	5
Total	43	88	3	11	12	69	49	22	20	20	10	51	155	231	676	308

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places.	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases.	Under 5 Years of Age. Rate per 1,000 Living.
Manhattan	76	70.0	7	6.4	5	3	111	25.2	7	1.6	16	3.6
The Bronx	15	52.7	..	..	..	..	22	18.6	..	..	2	1.2
Brooklyn	50	58.2	8	8.6	3	5	77	17.2	8	1.8	4	0.9
Queens	11	61.2	4	22.2	.	3	17	16.0	5	4.7	5	4.7
Richmond	3	56.3		..	..	..	4	16.8	..	..	..	..
City of New York.	155	60.9	19	7.5	8	11	231	19.6	20	1.7	27	2.8

During the first twenty-one weeks of this year 4,163 infants died, a rate of 78. per 1,000 births. During the corresponding weeks of last year 5,479 died, a rate of 103. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total
	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Avenue	Otisville Sanator.	Riverside Hospital	
Rem'g 5-14-'21.	101	164	31	32	79	61	..	21	16	1	..	3	..	..	..	63	..	541	203	1316
Admitted ...	24	36	15	22	18	18	3	9	1	1	..	2	..	..	..	9	..	17	10	185
Discharged ..	39	35	18	18	4	17	..	4	7	..	..	..	..	..	..	7	..	9	14	167
Died	4	8	2	1	1	4	..	..	..	..	..	1	..	..	..	..	..	1	1	23
Rem'g 5-21-'21.	82	157	26	40	92	58	3	26	10	2	..	4	..	..	..	65	..	548	198	1311
Total treated	125	200	46	54	97	79	3	30	17	2	..	5	..	..	..	72	..	558	213	1501

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920	Males.	Females.	†Under 1 Year	1 Year and Under 2.	2 and Under 5.	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,215	1,324	628	587	155	35	41	231	66	62	206	342	308
1. Typhoid Fever	2	2	1	1	..	..	..	..	..	..	2	..	..
2. Malarial Fever	1	..	1	..	..	..	..	..	..	..	1	..	..
5. Measles	4	15	2	2	3	1	..	4	..	..	..	..	..
6. Scarlet Fever	13	3	6	7	..	1	3	4	7	..	2	..	..
7. Whooping Cough	3	10	1	2	1	2	..	3	..	..	..	..	..
8. Diphtheria	23	17	13	10	2	3	11	16	5	1	1	..	..
9. Influenza	11	15	3	8	..	1	..	1	..	2	2	4	2
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	6	5	3	3	2	..	..	2	..	..	1	3	..
13. Pulmonary Tuberculosis	83	119	54	29	..	1	..	1	3	16	34	27	2
14. Tbc. Meningitis	9	12	7	2	2	1	1	4	1	1	2	1	..
15. Other forms Tbc.	11	11	5	6	1	2	1	4	..	4	1	2	..
16. Cancer, Malignant Tumor	96	99	32	64	1	..	..	1	..	..	21	38	36
17. Simple Meningitis	2	10	1	1	..	..	..	..	..	1	1	..	..
17a. Cerebro-spinal Meningitis	3	7	3		..	..	..	..	1	1	..	1	..
18. Apoplexy, Softening of the Brain	24	12	13	11	..	..	..	..	..	1	2	6	15
19. Organic Heart Diseases	246	249	121	125	..	..	..	..	9	5	26	99	107
20. Acute Bronchitis	12	12	5	7	4	3	1	8	..	..	2	..	2
21. Chronic Bronchitis	..	1	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	69	73	44	25	5	4	5	14	5	7	13	16	14
22a. Broncho Pneumonia	49	65	28	21	21	8	5	34	2	..	2	4	7
23. Other Respiratory Diseases	9	14	4	5	1	1	..	2	..	1	1	4	1
24. Diseases of the Stomach (Cancer excepted)	8	9	7	1	1	..	..	1	..	1	3	3	..
25. Diarrhoeal Diseases (under 5 years)	20	31	7	13	19	1	..	20	..	..	..	..	..
26. Appendicitis and Typhilitis	12	19	4	8	..	..	..	..	3	3	4	2	..
27. Hernia. Intestinal Obstruction	10	15	5	5	3	..	1	4	..	..	2	3	1
28. Cirrhosis of Liver	5	4	2	3	..	..	..	..	..	..	1	3	1
29. Bright's Disease & Nephritis	92	106	36	56	..	..	..	..	4	2	9	38	39
30. Diseases of Women (not Cancer)	10	11	..	10	..	..	..	..	..	..	8	2	..
31. Puerperal Septicaemia	4	8	..	4	..	..	..	..	..	1	3	..	..
32. Other Puerperal Diseases	6	12	..	6	..	..	..	..	..	..	6	..	..
33. Congenital Debility, and Malformations	74	68	45	29	72	1	1	74	..	..	..	..	..
34. Old Age	5	6	1	4	..	..	..	..	..	..	..	..	5
35. Violent Deaths	61	74	41	20	2	2	5	9	12	4	16	9	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	51	62	34	17	1	2	5	8	12	4	9	7	11
c. Homicide	10	12	7	3	1	..	..	1	..	..	7	2	..
36. Suicide	20	16	12	8	..	..	..	..	..	2	7	6	5
*37. All other causes	204	198	118	86	15	3	6	24	13	9	31	67	60
38. Ill-defined causes	8	3	3	5	..	..	1	1	1	..	2	4	..

Deaths in Institutions,	475	Mean temperature,	63.3 deg. Fahr.
Mean barometer,	30.04	Maximum temperature,	86.0 deg. Fahr.
Mean humidity,	58.6	Minimum temperature,	43.0 deg. Fahr.
Precipitation,	.15		

†If the deaths under one month, numbering 78 from all causes, be deducted from the total deaths under one year, the resulting rate will be 30. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 4, Diabetes 19, Alcoholism 2, Locomotor Ataxia 3, Paresis 7, Arterio-sclerosis 62, all other congenital causes 5.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JUNE 4, 1921. No. 23.

SUPERVISION OF CHILDREN BOARDED OUT IN PRIVATE HOMES.

In this city, several thousand infants and children are given annually in board and keep, by institutions and individuals, to women who take care of them for a consideration. These children are given out because of lack of institutional accommodations, or because they favor home care for certain types of cases; and, by individuals, because of illegitimacy, desertion, divorce, or death of fathers or mothers, or of both, which makes it necessary to so place the children that the adult relatives may engage in gainful occupations. The children given out to board are classified, in the Department's work, as "foundlings."

With the relatively large number of infant- and child-caring institutions in the City, and with the very large and mixed population, it is to be expected that a demand for foster homes and mothers would exist. With this public demand, it becomes necessary to safeguard the well-being of these infants and children, which is provided for by Section 482, Sub-division 2, of the Consolidated Laws of the State of New York; and by Section 197, of the Sanitary Code of the Board of Health of the City of New York, which latter provides as follows:

Section 197:—No person other than a superintendent of the poor, a superintendent of alms house, or an institution duly incorporated for thepurpose, shall receive, board or keep, except under legal commitment, any nursing child, or any child under the age of twelve years, which is not a relative, pupil or ward or an apprentice of such person, without permit therefor issued by the Board of Health, or otherwise than in accordance with the terms of said permit, and with the regulations of said Board."

If a child cannot have a mother's care, the best substitute is the care of a clean, careful, intelligent foster mother. The worth of a foster mother is largely dependent upon her love of and desire for children, and this often transcends all other considerations.

With the increased cost of food and living, and of other necessities, the compensation demanded by foster mothers has necessarily increased during the past few years, and many individuals have not been able to meet the demands of the foster mothers, while, on the other hand, the desire on the part of foster mothers to board and keep children, has not been as great as in former years, al-

Digitized by Google

though the number of permits issued during 1920, was slightly in excess of that of 1919, as will be noted from the following tabulation:

NUMBER OF PERMITS TO BOARD CHILDREN IN FORCE IN NEW YORK CITY.

Year	No. of Permits
1911	2,027
1912	2,835
1913	3,123
1914	4,234
1915	4,740
1916	5,830
1917	5,696
1918	3,233
1919	2,796
1920	2,961

At best, the compensation received by the foster mothers is not very large, and usually is the minimum required to properly feed and care for the children. The greater the amount of the compensation actually spent on the foster child, the better the type of foster mother. Just as soon as a foster mother looks upon the board and keep of children as a business she becomes less valuable. Unfortunately, the compensation received is comparatively small; not all foster mothers can be trusted; not all are clean, careful, intelligent or domesticated; many look upon the board and keep of children as a commercial enterprise, and take the child or children to tide over a period of economic family stress. For these reasons, supervision, education, and careful periodic follow-up are necessary, and are carried out by a special corps of inspectors and nurses. Rules and regulations have been formulated by the Department of Health relative to such board and keep, and a rigid inspection of the character of the premises, the number of living rooms, the cubic air-space, the number in the family, including lodgers and boarders, the condition of the foster mother's own children, if any, ventilation, heating, lighting, hygiene, sanitation in other words, all matters relating to home and personal hygiene and sanitation, are carefully looked after.

Permits are issued for "wet" or "dry" nursing; in the former case, for exclusive breast-feeding by the foster mother; in the latter, for older children, where artificial feeding is necessary. These permits are issud for one or more children according to existing conditions. The policy of the Bureau of Child Hygiene, which directly supervises this work, is to issue permits for as few children as possible, in any given home, or to any foster mother, and to seldom issue a permit for more than four children, unless conditions are particularly favorable as regards care, food, home surroundings, character, and intelligence of foster mother and family.

Whenever permits are requested for the board and keep of more than four children, a rigid inspection is made by two inspectors, all facts relating to home surroundings are carefully noted, and all circumstances carefully analyzed and weighed before such permits are granted. The following tabulation shows the number of permits in force for a given number of children, the number of children allowed on the permits, the number of inactive permits, the number of children actually in board, and the total number of children actually in board, during 1920, in this City:

ANALYSIS OF PERMITS TO BOARD CHILDREN IN NEW YORK CITY, 1920.

Children Allowed	No. of permits in force.	No. of children allowed on same.	No. of permits inactive	No. of children actually in board						
				1	2	3	4	5	6	Total
1	928	9928	190	738	....	....	....	....	....	738
2	1032	2064	200	445	1093	....	....	....	....	1538
3	733	2199	102	192	274	2189	....	....	....	1755
4	175	700	31	23	56	102	361	....	....	542
5	73	365	6	2	10	30	60	207	....	309
6	20	120	..	..	....	2	.....	20	90	112
	2961	6376	529	1400	1433	1428	421	227	90	4994

Note: The number noted under total is the sum of the number listed under 1, 2, 3, etc.

Digitized by Google

It will be noted that the number of children actually in board, does not always correspond to the children allowed on the permit. In many instances where permits are granted for the board and keep of two, three, or more children, the foster mother is unable to secure the permitted number of children, or, subsequently, does not desire to accept as many children as her permit allows. It will also be noted that the number of permits in force, for more than four children, is relatively small, and that the largest number of permits in force, allow two children.

Naturally, the ideal foster mother and the ideal foster home are the exception, and most permits are sought by average women, living in average homes, under average conditions, and in average localities. For purposes of administration, supervision and control, however, and for the information of child-placing institutions and individuals, these foster homes and mothers have been graded as "A" excellent; "B," good; "C," poor; and, also as Group I, child, breast-fed; Group II, child, (under two years of age), artificially fed; Group III, child (two to twelve years of age, table fed. Naturally, the considerations and qualifications at different age groups and for different types of care and keep, vary, and provision is made for these facts, under the respective groupings and ages.

For babies breast-fed exclusively, consideration is given to the freedom of the foster mothers from communicable diseases, especially syphilis, and tuberculosis; and, serious nervous diseases, especially epilepsy, and also as regards other chronic diseases; to the quality and quantity of the breast-milk; to the period of lactation; to the age of the foster mother; as to whether her own child is alive or dead, etc. We feel that no child should be permitted to be wet-nursed by a foster mother, unless the foster mother's child is dead, or, unless she has an ample supply of breast milk, for both children. There is no justification in our opinion, for a foster mother breast-feeding another child, for a consideration, and placing her own child upon artificial feedng. She has no moral right to do so, and others have no moral right to ask it. In the case of wet-nursing, social, and even sanitary conditions of the home and mother are of secondary importance as compared to those directly influencing the nutrition, growth and development of the infant. Prime consideration is always given to the results of Wassermann tests of both baby and intended wet-nurse.

In granting permits for wet-nursing, careful investigation is made as to date of birth of applicant's child, in order to determine the period of lactation.

In the grading of homes for children under two years of age, and, children two to twelve years of age, factors relating to foster mother, foster father, children of the family, boarders or lodgers, home, food, neighborhood facilities, location, economics, condition of foster child, registration of complaints, etc., are noted in detail, as regards rating the home as "A," excellent; "B," good; "C," poor.

The number of class "A" homes is relatively few; and most homes are classified as "B." The "C" homes are undesirable, and, no permits are issued in such cases, unless, conditions are so improved as to raise the standard to class "B."

Periodic visits are made to the foster mothers, throughout the year, by inspectors and nurses, whose aim it is to act as teachers and advisers to them, rather than as agents who look for violations of regulations. The attention of the foster mother is called to any irregularities in the care of the child, or the condition of the home, and personal effort is always made to improve conditions before resorting to other means. Repeated violations of the regulations or improper care of the children result in revocation of permits. The high standard of the work is shown by the fact that only 9 permits for the board and care of children were revoked during 1920, as against 19, during the year 1919, and only 53 complaints, as against 250 during 1919, were registered.

Digitized by Google

In the supervision of these foster homes, the Bureau of Child Hygiene has received the active co-operation of the Society for the Prevention of Cruelty to Children, the Department of Public Welfare, the Russell Sage Foundation, the Committee on the Prevention of Blindness, and of many other child-caring agencies.

The care and feeding of many of the foster infants and young children has been improved through the action of foster parents in seeking advice and counsel from the various Baby Health Stations of the Department of Health.

Other things being equal, it is the consensus of opinion of public health workers that the care of infants and children in foster homes is less productive of infant and child morbidity and mortality than the care of these children in institutions. Each year shows an improvement in the care which the foster children are receiving in private homes, and, as a result of vigorous supervision and inspection by the agents of the Bureau of Child Hygiene, the old "baby farms" of former years have been practically eliminated.

TUBERCULOSIS IN NEW YORK CITY.

Quarters Ending March 31, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778520	2077674	497627	121252	5751859
New Cases	1920	1982	406	1074	178	46	3686
	1921	1654	331	817	172	49	3023
Total Cases in Register	1920	14064	3472	6741	1565	266	26108
	1921	14502	3439	6588	1436	316	26281
New patients examined at clinics	1920	1696	397	1017	213	30	3353
	1921	1827	332	1169	195	48	3571
Total visits to clinics	1920	8542	3312	5022	1461	195	18532
	1921	8502	3185	6045	1601	318	19651
Cases under supervision	1920	108	178	346	1	5	633
	1921	156	56	428	12	10	662
Voluntary renovations	1920	228	85	129	8	30	480
	1921	177	42	42	301	42	604
Sputum examined	1920	5717	1701	2559	509	101	10584
	1921	5457	1371	2537	536	79	9960
Positive sputum	1920	1094	208	487	111	15	1915
	1921	915	192	442	114	11	1674
Deaths	1920	899	231	621	151	37	1939
	1921	708	149	457	96	37	1447
Death rate per 1,000 of population	1920	1.60	1.25	1.23	1.28	1.27	1.39
	1921	1.26	.78	.89	.78	1.24	1.02
Deaths, all forms of tuberculosis	1920	1044	262	688	171	41	2206
	1921	812	180	528	109	40	1669
Death rate per 1,000 of population	1920	1.86	1.42	1.37	1.45	1.41	1.58
	1921	1.45	.94	1.03	.89	1.34	1.18

SCARLET FEVER IN NEW YORK CITY.

Quarters Ending March 31, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	644	323	686	182	42	1877
	1921	1965	1066	2580	993	108	6712
Deaths reported	1920	20	3	23	4	0	48
	1921	90	83	60	15	..	198
Treated at home	1920	511	316	585	175	33	1620
	1921	1550	1015	2316	943	99	5923
Removed to D. of H. Hospitals	1920	133	7	101	7	9	257
	1921	415	51	264	50	9	789
Isolated in other institutions	1920	0	0	0	0	0	0
	1921	0	0	0	0	0	0
Case fatality	1920	.03	.01	.03	.02	.00	.03
	1921	.04	.03	.02	.02	..	..
Cases per 1,000 of population	1920	1.14	1.75	1.36	1.54	1.44	1.34
	1921	3.50	5.56	5.04	8.10	3.62	4.74
Deaths per 1,000 of population	1920	.04	.02	.04	.03	..	.03
	1921	.16	.17	.12	.12	..	.14

Digitized by Google

DIPHTHERIA IN NEW YORK CITY.

Quarters Ending March 31, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	1722	551	1393	345	74	4085
	1921	2141	889	2379	517	160	6086
Deaths reported	1920	182	51	144	34	10	421
	1921	128	48	166	27	10	374
Primary cultures	1920	6106	2212	3676	1050	569	13613
	1921	10756	3089	6267	1804	1418	23334
Positive cultures	1920	744	272	636	151	37	1840
	1921	1234	494	1147	307	104	3286
Negative cultures	1920	5090	1807	2779	826	495	10997
	1921	9199	2416	4755	1409	1249	19028
Treated at home	1920	1073	475	1118	320	54	3084
	1921	1594	793	2021	452	118	4978
Removed to Dept. of Health Hosp.	1920	649	76	275	25	20	1045
	1921	547	96	358	65	42	1108
Isolated in other institutions	1920	0	0	0	0	0	0
	1921	0	0	0	0	0	0
Immunizations	1920	623	43	127	0	47	840
	1921	1076	29	347	98	55	1605
Case fatality	1920	.11	.09	.10	.10	.13	.10
	1921	.07	.05	.07	.05	.06	.06
Cases per 1,000 of population	1920	3.06	2.99	2.77	2.93	2.54	2.93
	1921	3.82	4.64	4.65	4.22	5.36	4.29
Deaths per 1,000 of population	1920	.32	.28	.29	.29	.34	.30
	1921	.23	.22	.32	.22	.33	.26

FAKE ARSPHENAMINE.

A Warning to Physicians and Druggists.

The Department of Health having made an investigation relative to the sale in the City of arsphenamine of supposedly German origin, by seamen and other unscrupulous venders, submitted several samples purchased to its Chemical Laboratory for analysis. The chemist's report shows the samples to be a fradulent substitution being a combination of sodium chloride and a yellow dye.

Physicians and druggists are accordingly warned against purchasing such products from unknown persons.

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 28, 1921.

There were 1,216 deaths reported during the week just ended and a rate of 11.03 per 1,000 of the population as compared with 1,261 deaths and a rate of 11.62 in the corresponding week of 1920, a decrease in the absolute number of deaths of 45 and in the rate of .59 of a point, which is equivalent to a relative decrease during the week of 65 deaths.

The infectious diseases, measles, scarlet fever, diphtheria, whooping cough and epidemic cerebro-spinal meningitis showed a total of 41 deaths during the week as compared with 58 deaths from these diseases in the corresponding week of 1920; 22 children under 5 years of age died from diarrhoeal diseases during the week as compared with 27 in the corresponding week of 1920; 6 deaths were reported from influenza as compared with 13; 120 deaths from the acute respiratory diseases as compared with 125; 114 from pulmonary tuberculosis as compared with 123; 2 deaths were reported from typhoid during the week as compared with none in the corresponding week of 1920. The mortality from cancer was 117 deaths as compared with 96, an increase of 21. The combined mortality from organic heart and kidney diseases was 304 deaths as compared with 305, a decrease of 4.

The number of deaths from violence was 91 in both weeks under comparison.

The death rate for the first 22 weeks of the year was 12.63 per 1,000 of the population as compared with 16.58 in the corresponding period of 1920. From January 1st to May 28, 1921, 77 infants under one year of age died out of every 1,000 born as compared with 102 deaths at this age group in the corresponding period of 1920, a decrease of 25 deaths out every 1,000 born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.
Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

BATHS.—Kelly, R. F. G. The public school baths of Baltimore, Md. A story of the fight to secure the baths, and the results accomplished. (Am. City, May, 1921. pp. 510-512, illus.)

CONVALESCENT HOMES.—Sinclair, Mollie E. The convalescent provision and needs of New York City. Hosp. Soc. Service, May, 1921. pp. 377-387.)

ENTOMOLOGY.—Pierce, W. D., ed. Sanitary entomology. 1921. 518 pp., illus. 614.43P61

INFLUENZA.—Hurley, John J. The science of logic versus influenza. (Med. Rec., May 14, 1921. pp. 821-825.)

MENTAL DISEASES.—Pollock, H. M., and E. M. Furbush. Mental diseases in twelve states [Arizona, Colorado, Iowa, Maine, Massachusetts, Nebraska, New Hampshire, New York, Rhode Island, South Carolina, South Dakota, Virginia]. 1919. (Mental Hygiene, April, 1921. pp. 353-389, tables.)

MILK.—U. S. Agriculture, Dept. of. The sporroggenes test as an index of the contamination of milk, by S. H. Ayers and P. W. Glemmer. 1921. 20 pp., plates, tables. (Bulletin No. 940.) VF

MOTION PICTURES.—Lashley, K. S., and J. B. Watson. A psychological study of motion pictures in relation to venereal disease campaigns. (Soc. Hyg., April, 1921. pp. 181-219.)

PHYSICAL TRAINING.—Camp, Walter. Hand-book on health and how to keep it. 1920. 210 p. 613.7C15

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Mar. 5	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28
Total deaths	1534	1494	1450	1398	1379	1439	1388	1331	1327	1307	1256	1215	1216
Annual Death Rate	18.91	18.55	18.15	12.68	12.51	13.06	12.59	12.07	12.08	11.86	11.39	11.02	11 06
*Acute Infectious Diseases	80	54	51	40	55	56	48	52	56	44	55	48	48
Pul. Tuberculosis..	124	130	130	114	127	112	99	128	109	110	119	88	114
Influenza	16	20	18	17	10	10	15	16	14	10	9	11	6
Lobar Pneumonia..	139	136	124	122	108	91	110	78	74	78	60	69	67
Broncho Pneum...	118	83	95	92	81	82	67	79	58	52	56	49	41
**Violent Deaths ...	71	81	61	66	80	65	65	61	68	68	65	61	66
Deaths under 1 year.	240	192	215	171	179	224	182	194	208	200	172	155	161
Rates per 1,000 births	94 8	75.8	85.0	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3
Deaths under 5 years	357	293	308	274	278	327	274	301	298	267	249	231	231
" 5-65 years...	832	855	820	812	819	808	800	757	718	725	721	676	714
" 65 years and over	345.	346	322	312	282	304	314	273	311	315	286	308	271

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	271	336	211	206	295	249	427	278	284	264	284	243	246
Diphtheria	470	458	437	376	359	343	361	420	433	418	422	348	357
Measles	202	210	236	196	276	222	215	189	246	212	321	221	206
Scarlet Fever	522	582	517	450	386	428	396	418	344	290	308	257	289
Chickenpox	338	326	320	236	252	236	198	210	196	254	198	200	251
Influenza	101	174	154	165	142	179	176	59	57	49	26	17	28
Pneumonias	539	409	512	447	392	330	370	322	298	271	227	206	214
Typhoid Fever	12	14	8	7	10	7	7	12	12	9	10	7	12
Whooping Cough ...	107	141	121	109	78	130	142	154	170	132	169	151	168
Syphilis	124	223	308	222	266	262	285	210	288	256	198	235	195
Gonorrhoea	51	68	65	56	57	41	48	94	66	138	77	26	70
Poliomyelitis	..	1	..	..		2	1	..	1	1	..	..	..
Cerebro-spinal Meningitis	9	10	7	4	9	6	9	8	4	7	7	7	4
Total	2746	2902	2896	2464	2522	2435	2627	2374	2344	2301	2231	1945	2154

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, May 28, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921.	Births.	Marriages.	Still-births	Death Rate 1920	Death Rate 1921.	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	582	578	550	1019	351	50	13.31	13.13	12.60
The Bronx	732,016	778,528	128	144	146	309	238	18	8.93	9.65	9.78
Brooklyn	2,022,262	2,077,674	413	376	395	879	177	86	10.57	9.44	9.92
Queens	466,811	497,627	104	79	96	188	26	13	11.34	8.28	10.06
Richmond.....	115,959	121,252	34	44	29	61	10	2	15.02	18.98	12.48
City of New York.	5,621,151	5,751,859	1261	1216	1216	2456	802	114	11.62	11.03	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-two weeks of this year there were 30,648 deaths, a rate of 12.63 per 1,000 population. During the corresponding weeks of last year there were 39,603 deaths, a rate of 16.58 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere.	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis.	Lobar Pneumonia	Broncho Pneumonia.	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years.	Suicides.	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-64 years.	65 years and over.
Manhattan	20	53	..	1	2	35	23	12	12	11	5	23	90	122	327	124
The Bronx	6	15	..	1	..	5	9	1	1	1	..	3	17	25	87	32
Brooklyn	11	25	..	2	9	22	7	9	8	8	1	26	42	68	225	83
Queens	4	5	..	2	1	4	1	..	..	3	..	8	8	10	44	25
Richmond	..	16	..	..	..	1	1	1	1	..	..	2	4	6	31	7
Total	41	114	..	6	12	67	41	23	22	23	6	62	161	231	714	271

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes.	Under 1 Year of Age. Rate per 1,000 Births.	Under 1 Year of Age. Diarrhoeal Diseases. Deaths.	Rate per 1,000 Births.	In Institutions.	Other Places.	Under 5 Years of Age. All Causes.	Rate per 1,000 Living.	Diarrhoeal Diseases	Rate per 1,000 Living.	Epidemic Diseases	Rate per 1,000 Living.
Manhattan	88	76.4	12	11.0	7	5	118	25.6	12	2.7	17	3.9
The Bronx	24	84 3	1	3.5	..	1	33	20.5	1	0.6	4	2.5
Brooklyn	41	43.6	5	5.3	3	2	68	15.2	8	1.8	9	2.0
Queens	10	55 6	..	..	.	..	12	11.8	..	..	2	1.9
Richmond	3	56.5		..	..	..	5	21.0	1	4.2	..	..
City of New York.	161	63.3	18	7.1	10	8	231	19.6	22	1.9	32	2.7

During the first twenty-two weeks of this year 4,324 infants died, a rate of 77. per 1,000 population. During the corresponding weeks of last year 5,687 died, a rate of 102. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Kingston Ave. Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Queensboro Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Riverside Hospital: Scarlet Fever.	Diphtheria.	Measles.	Miscellaneous.	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanator.	Riverside Hospital	Grand Total
Rem'g 5-21-'21.	82	157	26	40	92	58	3	26	10	2	..	4	..	..	..	65	..	548	198	1811
Admitted ...	27	27	5	18	12	15	1	3	5	..	..	5	..	..	..	14	..	20	12	164
Discharged ..	23	36	11	19	19	18	3	7	5	1	..	1	..	..	..	13	..	20	14	185
Died	..	..	1		1	2	..	..	..	..	..	..	..	..	..	2	..	..	1	7
Rem'g 5-28-'21.	86	148	19	39	84	58	1	22	10	1	..	8	..	..	..	64	..	548	195	1283
Total treated	109	184	31	58	104	73	4	29	15	2	..	9	..	..	..	79	..	568	210	1475

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920	Males.	Females.	†Under 1 Year.	1 Year and Under 2	2 and Under 5.	Under 5 Years.	5-15	15-25	25-45	45-65	65 and Over
All causes	1,216	1,261	607	609	161	36	34	231	56	69	212	377	271
1. Typhoid Fever	2	..	1	1	..	..	..	..	..	..	2	..	
2. Malarial Fever	1	..	1	..	..	..	..	..	..	..	1	..	
5. Measles	6	17	4	2	2	4	..	6	..	..	..	..	..
6. Scarlet Fever	7	3	2	5	1	1	3	5	1	1	..	..	..
7. Whooping Cough	12	13	3	9	8	2	1	11	1	..	..	..	..
8. Diphtheria	16	21	8	8	..	2	8	10	5	1	..	..	..
9. Influenza	6	18	3	3	1	1	..	2	..	..	3	..	1
Poliomyelitis	..	1	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	3	6	2	1	..	..	..	..	..	..	..	2	1
13. Pulmonary Tuberculosis	114	123	68	46	2	1	..	3	3	23	51	29	5
14. Tbc. Meningitis	9	5	2	7	5	2	1	8	..	..	1	..	..
15. Other forms Tbc.	8	7	4	4	..	2	..	2	1	1	3	1	..
16. Cancer, Malignant Tumor	117	96	44	73	..	..	..	..	1	2	12	63	39
17. Simple Meningitis	1	7	1	..	..	..	..	..	1	..	..	..	..
17a. Cerebro-spinal Meningitis	..	4	..	.	..	..	..	..	..	..	..	..	.
18. Apoplexy, Softening of the Brain	19	15	7	12	..	..	..	..	1	..	..	6	12
19. Organic Heart Diseases	215	199	95	120	..	..	..	..	6	8	24	87	90
20. Acute Bronchitis	12	10	4	8	5	1	..	6	1	..	1	..	4
21. Chronic Bronchitis	1	3	..	1	..	..	..	..	..	..	..	1	..
22. Lobar Pneumonia	67	57	37	30	8	2	6	16	2	5	20	17	7
22a. Broncho Pneumonia	41	58	20	21	15	10	2	27	5	..	2	3	4
23. Other Respiratory Diseases	5	9	2	3	2	..	..	2	..	..	1	..	2
24. Diseases of the Stomach (Cancer excepted	9	6	7	2	3	..	..	3	..	..	1	4	1
25. Diarrhoeal Diseases (under 5 years)	22	27	12	10	18	1	3	22	..	..	..	..	.
26. Appendicitis and Typhilitis	9	19	3	6	..	..	..	..	..	1	4	4	..
27. Hernia, Intestinal Obstruction	9	14	1	8	..	..	..	..	..	..	1	5	3
28. Cirrhosis of Liver	11	3	9	2	..	..	..	..	..	..	1	6	4
29. Bright's Disease & Nephritis	77	89	33	44	1	..	..	1	..	1	11	35	29
30. Diseases of Women (not Cancer)	4	6	..	4	..	..	..	..	..	1	3	..	..
31. Puerperal Septicaemia	1	5	..	1	..	..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	17	10	..	17	..	..	..	..	..	3	13	1	.
33. Congenital Debility, and Malformations	74	82	46	28	72	1	..	78	1	..	..	..	
34. Old Age	3	9	..	3	..	..	..	..	..	..	..	..	3
35. Violent Deaths	68	75	42	26	1	2	5	8	16	4	19	15	6
a. Sunstroke	..	..	..	..	..	..	..	..	.	..	..	..	
b. Other Accidents	62	72	40	22	1	2	5	8	16	2	16	14	6
c. Homicide	6	3	2	4	..	..	..	..	..	2	3	1	..
36. Suicide	23	16	16	7	..	..	..	..	..	4	9	7	3
*37. All other causes	224	236	127	97	17	4	5	26	11	14	26	90	57
38. Ill-defined causes	3	1	3	..	..	..	..	..	..	..	2	1	.

Deaths in Institutions,	545	Mean temperature,	63.3 deg. Fahr.
Mean barometer,	29.86	Maximum temperature,	89.0 deg. Fahr.
Mean humidity,	66.9	Minimum temperature,	46.0 deg. Fahr.
Precipitation,	.95		

†If the deaths under one month, numbering 83 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 7, Diabetes 18, Alcoholism 3, Locomotor Ataxia 3, Paresis 6, Arterio-sclerosis 58, all other congenital causes 8.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JUNE 11, 1921. **No. 24.**

TYPHUS FEVER IN THE CITY.

In the following is given the clinical histories of cases of typhus fever reported in the City, since those listed in the Bulletin of April 16th, 1921:

Mr. S. S., 55 years of age, white, Russian by birth, seven years in the United States, living in a tenement house, was reported on April 3rd as recovering from endemic typhus, of some ten days duration. Mr. S. gave a history of persistent fever with headache. He presented congested mucous membranes and a characteristic, fading typhus rash. There was no evidence of vermin, either on Mr. S.'s person or on the premises. About two months ago, emigrants came to reside there.

Mr. A. C., white, 43 years of age, truck driver, entered Lebanon Hospital, April 5th, on the sixth day of an attack of typhus fever. On admission to the hospital, Mr. C. had a temperature of 105 F., intensely congested mucous membranes, severe headache, and a macular rash on trunk and extremities. These conditions persisted until April 11th, the headache continuing to be severe, and many of the macules becoming petechial. On the 11th, the twelfth day of illness, the temperature dropped to 101 F., and the headache became much less severe. A leucocytosis of 15,000 was present. The Weil-Felix reaction was positive in 50 dilution, negative in higher dilution. The intensity and persistence of symptoms indicated a more virulent infection than we usually see in endemic typhus. The patient had no knowledge of contact with recent immigrants, and had resided 17 years in the United States. He is Russian by birth. There was evidence of head-lice, none of body-lice.

Mrs. R. S., 39 years of age, Russian by birth, ten years in the United States, was reported, on April 13th, as suffering from typhus fever of fourteen days duration. On March 31st, Mrs. S. began to have severe headache, fever, and congested mucous membranes. Five days later, a macular rash appeared on trunk and extremities, and many of the macules became petechial. About six months ago, two immigrants from Poland came to live at same address as this case. They had not been ill, and there was no evidence of vermin, either on the person of Mrs. S. or on the premises.

Mr. J. S., 50 years of age, Russian by birth, 35 years in the United States, was taken sick on the 7th of May. Mr. S. suffered from fever, headache, and prostration. These symptoms persisted to the present time. On the 11th of May, a macular rash appeared on trunk and extremities. On May 15th, Mr. S. had a temperature of 102 F.; congested mucous membranes; flushed face and dark macular rash, without hemorrhages. The clinical condition justified a diagnosis of typhus fever. There was no evidence of vermin, either on the person of the patient, or about the premises.

Mrs. R. K., 50 years of age, white, was reported to the Department, May 29th, as typhus fever. Later in the day, she was removed to the Jewish Hospital, Brooklyn. This patient presented, on May 30th, a temperature of 101 F., considerable prostration, practically no congestion of mucous membranes, and a widely distributed, purely erythematous, macular rash on trunk and extremities, of unknown duration. So far as was ascertainable she had been sick about ten days. Patient presented no evidence of vermin and there was no discoverable connection with recent immigrants. On May 30th, this patient presented a syndrome fairly characteristic of typhus fever. Patient was seen again, June 1st, and the subsidence of all symptoms toward the end of the second week justified a diagnosis of typhus fever. There was a leucocytosis of 18,000, 81 per cent polynuclear-neutrophile.

Mrs. A. R., 58 years of age, native of Russia, 20 years in the United States, was removed to the Beth Moses Hospital, Brooklyn, on May 26th, with a history of about ten days illness. On admission to hospital, patient had temperature of 104 F., with prostration and congestion of mucous membranes. She presented a macular, erythematous rash. These symptoms began to subside shortly after admission, and she is today practically a recovered case. Felix-Weil reaction negative. Of four clinical cases of typhus fever at this hospital, within the past year, this reaction has been negative in three. No evidence of vermin on patient and no history of any connection with recent immigrants.

Digitized by Google

SECTIONS OF SANITARY CODE AFFECTING FOOD RECEPTACLES AMENDED.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said City on the 26th day of May, 1921, the following resolutions were adopted:

Resolved, That Article 9 of the Sanitary Code be amended by adding thereto a new section to be number "180", to read as follows:

SECTION 180. THE USE OF UNCLEAN AND UNSANITARY FOOD RECEPTACLES PROHIBITED; TO BE CLEANED AFTER BEING USED. No person shall use, or cause, or allow to be used in the transportation, storage, or delivery of food, intended for human consumption, any bottle, can, jar, box, barrel, or other receptacle which is unfit to be used by reason of being unclean or unsanitary or in a condition that would tend to cause such food to become poisoned, infected, unwholesome, or unfit for human consumption.

It shall be the duty of all persons having in their possession bottles, cans, jars, boxes, barrels, or other receptacles containing food, intended for human consumption, which are used or intended to be again used in the transportation, storage, delivery of such food, to clean or cause them to be cleaned immediately upon emptying.

Resolved, That Article 9 of the Sanitary Code be amended by adding thereto a new Section to be number "159A", to read as follows:

SECTION 159-A. EMPTY BOTTLES, CANS AND OTHER RECEPTACLES FOR HOLDING MILK, SKIMMED MILK, BUTTERMILK, CREAM, OR ICE CREAM, NOT TO BE CONTAMINATED WITH GARBAGE AND OFFENSIVE MATERIALS. No person shall place, or cause, or allow to be placed in or on any street, park, or any open space therewith connected, any empty bottle, can, or other receptacle used or intended to be used for the transportation or delivery of milk, skimmed milk, buttermilk, cream, or ice cream, which empty bottle, can, or other receptacle is to be returned or intended to be returned to the person so transporting or delivering such substance to be again thus used or which is liable to continued use in so transporting or delivering such substance, as aforesaid; nor shall any person place, or cause, or allow to be placed in any such empty bottle, can, or other receptacle, any refuse, dirt, garbage, or filth, of any poison, or any offensive, harmful, or deleterious substance or material whatsoever; nor shall any person place, or keep any such empty bottle, can, or other receptacle, or cause, or allow the same to be placed or kept in any place which is used for storing garbage, ashes, rubbish, refuse, or other offensive, harmful, deleterious, or dangerous substances or materials, or in any container used for receiving or transporting the same.

True Copies.

CHARLES L. KOHLER, *Secretary.*

INTENSIVE EXAMINATION AND FOLLOW-UP OF PRE-SCHOOL AGE CHILDREN.

For many years, the Bureau of Child Hygiene, of the Department of Health, has called attention to the apparent neglect of children of pre-school age, 2 to 6 years. As a result of this propaganda, there seems to have been an awakening of civic consciousness to the requirements of the problem. Several co-operative agencies have already established pre-school age clinics. As a result of the combined efforts of the Bureau of Child Hygiene, the Department of Education, the American Red Cross, and the Educational Committee of the Civic Club, an experimental study of the physical examination and follow-up of children of pre-school age, in several selected schools of the Borough of Manhattan was begun on May 31st, and will continue until the closing of the schools.

Digitized by Google

The Bureau of Child Hygiene has assigned two medical inspectors to conduct the physical examinations, and as much of the nurses' time as is possible, considering the routine work on hand, will be devoted to the work.

The Department of Education, through its principals and teachers, has arranged for securing a daily attendance at each school of 20 to 25 children who expect to be registered in September next.

The American Red Cross has assigned a nurse, and made provision for securing follow-up at home, in the majority of the cases, by nurses or special workers of allied co-operating agencies in the district. The Department of Education, has arranged, in co-operation with the psychology students, Teachers' College, Columbia University, to make a mental test of all the children.

At the time of the physical examinations, the doctors call the attention of mothers to the presence of any physical defects found, the way in which they interfere with the children's well-being, and instruct in ways and means to secure relief or cure of the conditions found. The doctors also offer vaccination and the Schick test to the children.

Special notifications to parents, given below, were formulated by the Bureau of Child Hygiene, and printed by the Department of Education.

The schools selected for this purpose are as follows:

Public School 39, Manhattan, week of May 31st.
Public School 110, Manhattan, week of May 31st.
Public School 159, Manhattan, week of June 6th.
Public School 147, Manhattan, week of June 6th.
Public School 12, Manhattan, week of June 13th.
Public School 102, Manhattan, week of June 13th.
Public School 172, Manhattan, week of June 20th.
Public School 88, Manhattan, week of June 20th.

It is anticipated that one medical inspector will conduct physical examinations at each of these schools for one week, including Saturdays, whenever possible. Should the number of children available for examination fall below the anticipated weekly number, arrangements will be made to proceed to an adjoining school. All in all, it is expected that one thousand children will be examined. In the upper Harlem section, that is, in the section of the East Harlem Health Center, the Red Cross will make arrangements for securing dental prophylactic treatment for all the children, through their dental hygienists. Arrangements will also be made to have as many physical defects corrected as possible, prior to entering school.

At the beginning of school, and thereafter, a study will be made as to the effect of the removal of the defects upon the mental status of the child, the latter examinations being conducted under the supervision of the Department of Education.

BOARD OF EDUCATION AND BOARD OF HEALTH
THE CITY OF NEW YORK

To Parents Who Expect to Enter Children
in the Public Schools in September, 1921:

The Department of Education, in co-operation with the Department of Health, and the New York County Chapter of the American Red Cross, is planning to examine children who are to enter school for the first time in September, 1921.

You Have Such a Child. Have Your Child Examined at Once! Do Not Delay! The best time to take care of a child's health is before he enters school.

A proper mental and physical growth depends largely upon the start which is made during early childhood. Please bring your child to the school to be examined. If he is found to be free from defect, you will feel greatly pleased with this assurance.

If he has any physical defects, you will be informed. You can then take him to your family physician for examination or advice; or to the Baby Health Station of the Department of Health, near your home; or to the public school, and be informed how and where to have the defects remedied.

Please bring your children who are to be registered in September, 1921, to Public School..... at .....
on .....1921, at .....A. M.

If possible, the mother should accompany the child to the school.

Very truly yours,

.....Principal.

Digitized by Google

A DEPARTMENT OF HEALTH FOR AUSTRALIA.

Falling in line with Great Britain, Canada, and the Union of South Africa, the Federal Executive Council of Australia has approved the establishment of a department of health for the Commonwealth (effective March 7, 1921). The House of Commons of the Dominion of Canada passed a bill in 1919 (assented to June 6), creating a Federal department of health. The act creating the English Ministry of Health went into effect July 1, 1919, and during the same year the Union of South Africa established a department of public health.

The new department of health of Australia will have charge of the administration of the quarantine act; will deal generally with investigations regarding all manner of diseases and with the establishment and control of laboratories; will control the Australian Institute of Tropical Medicine; and will deal with infectious diseases among discharged members of the Australian Imperial forces. (Public Health Reports.)

INTERESTING CASES FROM THE RECORDS OF THE DEPARTMENT OF HEALTH.

Pemphigus.

F. Y., male, age 9 years, was admitted to the Willard-Parker Hospital on the evening of November 23, 1920, with a diagnosis of varicella. Temperature, 104.2F.; pulse, 140; respirations, 28, on admission. Physical examination showed an eruption of large and small vesicles, with red bases, over the face, back of neck and shins. These vesicles varied in size from that of a dime to that of a quarter, with bases extending beyond the area of the vesicle. The vesicles on the shins tended to coalesce. The mouth showed thick white plaques, extending over the soft palate, mucous membrane of the cheeks, and both lips. There appeared to be some plaques in the nose, also. Past history of patient showed measles in 1918, varicella, in 1916. Patient was certain that none of his playmates had any similar eruption, and that the mouth and shin conditions had appeared only two days before admission.

Although the mouth conditions were not diphtheritic, clinically, he was given 10,000 units of antitoxin, intramuscularly, and mouth was irrigated with hot saline solution, followed by peroxide. The day after admission, patient's condition was unchanged, except that his mouth felt a little easier, and a few more bullae had appeared on extensor surfaces of legs. There were still no vesicles on abdomen or chest. The Chief Diagnostician saw the patient on the morning of November 24th, and classed the case as one of pemphigus.

On November 25th, temperature had come down to 100 F.; by mouth, and remained at about that level. The mouth irrigations were continued and, by November 29, most of the plaques had disappeared, and the general condition of the mouth was greatly improved.

The case was transferred to the Metropolitan Hospital, on November 27th. At time of leaving the Willard-Parker, the temperature was 100; pulse 130, and respirations, 30. Vesicles were still present, but the general mouth conditions had improved markedly.

Scarlet Fever With Paralysis.

J. M., female, aged 6 years, was admitted to the Willard-Parker Hospital on September 25, 1920, with a diagnosis of diphtheria. Antitoxin (9,000 units), was given intravenously. At the end of the fourth day, the temperature had come down to normal. The temperature then gradually went up to 103, the next two days, and a punctate rash appeared. A diagnosis of scarlet fever was now made. On October 2, patient regurgitated food, had nasal voice, and palatal movement was impaired. In spite of the antitoxin, the exudate on uvula and tonsils persisted. Temperature at no time was more than 103 F. On October 5th exudate on throat had completely disappeared and, on October 10th, the patient de-

Digitized by Google

veloped gallop-rythm. On October 11th, patient developed slight cardiac arrythmia with occasional extra systole; gallop rythm had disappeared. On October 31st, left facial paralysis developed, with complete palatal paralysis. On November 10th, facial paralysis was less marked and, on November 21st, almost complete action of facial muscles was restored. On Noember 24th, there was noted an improvement of palatal paralysis. On November 25th, heart sounds were regular. During this time, pulse varied between 80 and 150 per minute.

Inherited Syphilis.

Mr. F. was sent to one of the Department of Health's clinics for treatment for syphilis, in January, 1920, with a history of a chancre, in September, 1919. Wassermann was four-plus, and mucous patches were seen in the mouth. On January 30th, patient brought his wife for examination—clinical examination was negative, Wassermann was negative. On February 21, wife returned with a chancre on the upper lip; no secondaries present. Spirochaetae were found, and Wassermann was three-plus.

Patient was given a dose of mercury salicylate (1 grain) on February 21; then six weekly doses of arsphenamine (0.4 grams) and then 16 more weekly doses of mercury salicylate (1 grain).

Patient was pregnant three months when treatment was begun. She was confined September 4th, 1920. Wassermann test of baby at birth was four-plus; that of mother, October 7, 1920, was also four-plus. This case is interesting in that mother's blood was persistently positive, although treatment was begun during primary stage of disease and was continued regularly. It was expected that such intensive treatment would have protected the child.

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 6, 1921.

The death rate of the City was exceedingly low during the past week. It is lower than any of the preceding weeks this year and compares very favorably with the lowest weekly mortality ever recorded. There were 1,208 deaths reported during the week with a death rate of 10.96 as compared with 1,266 deaths and a rate of 11.66, a decrease in the absolute number of deaths of 58 and in the rate of .70 which is equivalent to a relative decrease of 77 deaths. The most noteworthy decreases are to be found among the infectious diseases, there having been 5 deaths reported from measles as compared with 18 in the corresponding week of 1920; 3 from scarlet fever as compared with 11; 6 from whooping cough as compared with 9; 24 from diarrhoeal diseases under 5 years of age as compared with 47; 111 from pulmonary tuberculosis as compared with 113; 105 deaths were reported from the acute respiratory diseases as compared with 132, a decrease of 27 deaths.

The figures for diphtheria show an increased mortality, there having been 27 deaths reported as compared with 21. One death from typhoid fever was reported during the week. There were 117 deaths reported from cancer as compared with 108; 106 deaths were reported from violence as compared with 85.

A great saving is to be found among infants under one year of age, there having been only 148 deaths reported as compared with 202, a decrease of 54 deaths; between 1 and 5 years of age 85 deaths were reported as compared with 101, a decrease of 16 deaths. At the ages of 65 and over there were 255 deaths reported, as compared with 271, a decrease of 16 deaths. Thus it is seen that the mortality at the extremes of life was very favorable. However, at ages between 5 and 65 there was reported an increase of 29 deaths.

The death rate for the first 23 weeks of the year was 12.56 per 1,000 of the population as compared with a rate of 16.37 in the corresponding period of 1920, a decrease of 3.81 points. From January 1st to date 76 children under 1 year of age died out of every 1,000 children born as compared with 101 deaths for the corresponding period of 1920, a decrease of 25 out of every 1,000 children born. This is a remarkably low death rate during the period covered and bids fair to become the lowest infant mortality death rate that the City has ever experienced.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CHILD HYGIENE.—Baker, S. Josephine. Healthy children; a volume devoted to the health of the growing child. 1920. 1920. 1877 pp., illus. **613.99B17hm**

CONTAGIOUS DISEASES.—Munson, F. M. Hygiene of communicable diseases; a handbook for sanitarians, medical officers of the Army and Navy and general practitioners. 1920. 793 pp., illus. **614.4M92**

INFANT WELFARE.—Baker, S. Josephine. Healthy babies; a volume devoted to the health of the expectant mother and the care and welfare of the child. 1920. 209 pp. illus. **613.99b17hb**

MATERNITY WELFARE.—Baker, S. Josephine. Healthy mothers; a volume devoted to the health of the expectant mother and the care and welfare of the child. 1920. 187 pp., illus. **619.99B17hm**

MATERNITY WELFARE.—Rongy, A. J. A review of the maternal mortality associated with pregnancy and labor in The Bronx during the past ten years. (Med. Rec., April 23, 1921. pp. 691-696, tables.)

MEDICINE.—Optimistic medicine, or the early treatment of simple problems rather than the late treatment of serious problems, by a former insurance man. 1921. 318 pp. **614p7**

NURSING.—N. Y. State, Health Dept. of. Manual for public health nurses. 1920. 261 pp. **610.73N7**

PHYSIOLOGY.—Hawk, P. B. Practical physiological chemistry. 6th ed. 1920. 661 pp., illus. **612.015H31**

SKIN DISEASES.—McConnell, W. J. Industrial dermatosis among printers. (U. S. Public Health Service, Public Health Reports, May 6, 1921. pp. 979-989.)

TOBACCO.—Baumberger, J. P., and others. An output study of users and non-users in a strenuous physical occupation. (J. Ind. Hyg., May, 1921. pp. 1-10, tables.)

TUBERCULOSIS.—Collis, E. L. The influence of dust inhalation upon the incidence of phthisis. (Public Health [London], March, 1921. pp. 97-106, tables.)

TUBERCULOSIS.—Much, Hans. Tuberculosis of children; its diagnosis and treatment, tr. by Max Rothschild. 1921. 156 pp. **614.542M98**

VENEREAL DISEASES.—Clark, J. B. The control of sex infection. 1921. 132 pp. **616.95C54c**

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks

	Mar. 12	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4
Total deaths	1494	1450	1398	1379	1439	1388	1331	1327	1307	1256	1215	1216	1208
Annual Death Rate	13.55	13.15	12.68	12.51	13.06	12.59	12.07	12.03	11.86	11.39	11.02	11.03	11.66
*Acute Infectious Diseases	54	51	40	55	56	48	52	56	44	55	48	43	42
Pul. Tuberculosis..	130	130	114	127	112	99	128	109	110	119	88	114	111
Influenza	20	18	17	10	10	15	16	14	10	9	11	6	6
Lobar Pneumonia..	136	124	122	108	91	110	78	74	78	60	69	67	60
Broncho Pneum...	88	96	92	81	82	67	79	58	52	56	49	41	38
**Violent Deaths ...	81	61	66	80	65	65	61	63	68	65	61	68	84
Deaths under 1 year.	192	215	171	179	224	182	194	208	200	172	155	161	148
Rates per 1,000 births	75.8	85.0	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58 2
Deaths under 5 years	293	308	274	278	327	274	301	298	267	249	231	231	233
" 5-65 years....	855	820	812	819	808	800	757	718	725	721	676	714	720
" 65 years and over	346	322	312	282	304	314	273	311	315	286	308	271	255

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	336	211	206	295	249	427	278	284	264	284	243	246	214
Diphtheria	458	437	376	359	343	361	420	433	418	422	348	357	298
Measles	210	286	196	276	222	215	189	246	212	321	221	305	221
Scarlet Fever	582	517	450	386	428	396	418	344	290	308	287	309	279
Chickenpox	326	320	226	252	236	193	210	196	254	193	200	251	216
Influenza	174	154	165	142	179	176	59	57	49	26	17	23	11
Pneumonias	409	512	447	392	330	370	322	298	271	227	206	214	188
Typhoid Fever	14	8	7	10	7	7	12	12	9	10	7	12	7
Whooping Cough ...	141	121	109	78	130	142	154	170	132	169	151	168	145
Syphilis	223	308	222	266	262	285	210	238	256	192	235	195	174
Gonorrhoea	68	65	56	57	41	48	94	66	138	77	26	70	56
Poliomyelitis	1	..	..		2	1	..	1	1	..	..	..	2
Cerebro-spinal Meningitis	10	7	4	9	6	9	8	4	7	7	7	4	4
Total	2902	2896	2464	2522	2485	2627	2374	2344	2301	2231	1948	2154	1800

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, June 4, 1921.

Boroughs	Population U.S. Census 1920 Jan. 1,	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921.
Manhattan	2,284,103	2,276,778	528	575	559	974	596	49	12.10	13.18	12.81
The Bronx	732,016	772,528	181	138	186	310	52	17	12.63	9.25	9.11
Brooklyn	2,022,262	2,077,674	423	376	399	978	287	42	10.88	9.45	10.02
Queens	466,811	497,627	101	89	91	171	80	5	11.01	9.33	9.54
Richmond.....	115,969	121,252	33	30	28	33	23		14.58	12.91	9.90
City of New York.	5,621,151	5,751,859	1266	1208	1208	2466	988	113	11.66	10.96	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-three weeks of this year there were 31,856 deaths, a rae of 12.56 per 1,000 population. During the corresponding weeks of last year there were 40,869 deaths, a rate of 16.37 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years.	Suicides	Homicides.	Accidents.	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	20	45	..	4	8	27	18	20	18	13	3	33	85	132	843	100
The Bronx	2	24	..	1	1	6	5	..	..	4	..	7	10	19	85	34
Brooklyn	15	26	..	1	4	22	17	5	5	4	2	28	39	62	220	94
Queens	3	8	..	..	..	5	3	2	1	1	..	8	11	16	54	19
Richmond	1	8	..	..	..	..	..	..	..	..	..	3	3	4	18	8
Total	41	111	..	6	7	60	38	27	24	22	5	79	148	233	720	255

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age. All Causes	Under 1 Year of Age. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. Deaths	Under 1 Year of Age. Diarrhoeal Diseases. Rate per 1,000 Births	Under 1 Year of Age. Diarrhoeal Diseases. In Institutions.	Under 1 Year of Age. Diarrhoeal Diseases. Other Places	Under 5 Years of Age. All Causes.	Under 5 Years of Age. Rate per 1,000 Living	Under 5 Years of Age. Diarrhoeal Diseases	Under 5 Years of Age. Rate per 1,000 Living.	Under 5 Years of Age. Epidemic Diseases	Under 5 Years of Age. Rate per 1,000 Living
Manhattan	75	69.2	15	13.8	11	6	120	27.2	16	3.6	14	3.2
The Bronx	16	56 2	1	3.5	..	..	25	15.5	1	0.6	2	1.2
Brooklyn	42	44.6	5	5.3	3	1	66	14.8	6	1.3	9	2.0
Queens	12	66 7	1	5.5	.	1	18	16.9	1	0 9	2	1.9
Richmond	3	56.8	..	..	..	..	4	16 8	..	..	1	4.2
City of New York	148	58.2	22	8.6	14	8	233	19.8	24	2.0	28	2.4

During the first twenty-three weeks of this year 4,472 infants died, a rate of 76. per 1,000 population. During the corresponding weeks of last year 5,889 died, a rate of 101. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital Scarlet Fever	Willard Parker Hospital Diphtheria	Willard Parker Hospital Measles	Willard Parker Hospital Miscellaneous	Kingston Ave Hospital Scarlet Fever	Kingston Ave Hospital Diphtheria	Kingston Ave Hospital Measles	Kingston Ave Hospital Miscellaneous	Queensboro Hospital Scarlet Fever	Queensboro Hospital Diphtheria	Queensboro Hospital Measles	Queensboro Hospital Miscellaneous	Riverside Hospital Scarlet Fever.	Riverside Hospital Diphtheria.	Riverside Hospital Measles	Riverside Hospital Miscellaneous	Pulmonary Tuberculosis Kingston Avenue	Pulmonary Tuberculosis Otisville Sanitar	Pulmonary Tuberculosis Riverside Hospital	Grand Total.
Rem'g 5-28-'21.	86	148	19	39	84	58	1	22	10	1	..	8	..	..	..	60	..	548	195	1279
Admitted	25	89	9	23	11	13	2	11	3	1	..	..	..	..	..	18	..	16	18	184
Discharged .	22	81	9	22	6	13	..	10	1	..	..	3	..	..	..	4	..	16	10	147
Died	1	2	2	1	3	4	..	1	..	..	..	..	..	..	..	..	..	..	5	19
Rem'g 6-4-'21..	88	154	17	39	86	54	3	22	12	2	..	5	..	..	..	74	..	548	193	1297
Total treated	111	187	28	62	95	71	3	33	13	2	..	8	..	..	..	78	..	564	208	1463

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths.	Deaths in Corresponding Week of 1920	Males.	Females.	†Under 1 Year.	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,208	1 266	623	585	148	35	50	288	70	75	284	241	256
1. Typhoid Fever	1	..	..	1	..	..	..	..	1	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	5	18	3	2	2	1	1	4	..	1	..	..	..
6. Scarlet Fever	3	11	2	1	..	..	1	1	2	..	..	..	..
7. Whooping Cough	6	9	1	5	3	2	1	6	..	..	..	..	..
8. Diphtheria	27	21	13	14	1	6	10	17	10	..	..	..	..
9. Influenza	6	8	3	3	1	1	..	2	..	..	2	2	..
Poliomyelitis	..	1	..	..	..		..	..	..	..	..	..	..
12. Other Epidemic Diseases	4	3	1	3	1	..	1	2	1	..	.	..	1
13. Pulmonary Tuberculosis	111	113	71	40	..	..	1	1	2	26	53	24	5
14. Tbc. Meningitis	9	14	3	6	3	1	2	6	1	1	1	..	.
15. Other forms Tbc.	9	7	3	6	1		1	2	1	2	1	3	.
16. Cancer, Malignant Tumor	117	108	46	71	..	..	..	..	..	..	22	62	33
17. Simple Meningitis	4	7	3	1	1	..	1	2	..	1	..	1	..
17a. Cerebro-spinal Meningitis	..	3	..		..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	14	13	11	3	..	..	..	..	..	.	3	4	7
19. Organic Heart Diseases	252	207	109	123	..	1	2	3	9	13	32	79	96
20. Acute Bronchitis	7	10	4	3	1	2	2	5	..	..	..	.	2
21. Chronic Bronchitis	1	1	..	1	..				..	..	..		1
22. Lobar Pneumonia	60	56	37	23	1	5	2	8	2	6	11	20	13
22a. Broncho Pneumonia	38	66	19	19	14	4	5	23	1	..	2	7	5
23. Other Respiratory Diseases	4	11	2	2	..	1	..	1	1	..	2	..	..
24. Diseases of the Stomach (Cancer excepted)	9	6	4	5	1	1	1	3	..	1	2	2	1
25. Diarrhoeal Diseases (under 5 years)	24	47	14	10	22	2	..	24	..	..	..	..	..
26. Appendicitis and Typhilitis	18	15	5	8	..	..	2	2	3	3	3	2	..
27. Hernia, Intestinal Obstruction	12	10	7	5	2	1	..	3	..	..	2	4	3
28. Cirrhosis of Liver	5	8	3	2	..	..	..	..	..	..	1	2	2
29. Bright's Disease & Nephritis	68	108	31	37	..	..	1	1	1	1	13	35	17
30. Diseases of Women (not Cancer)	6	7	..	6	..	..	..	..	..	..	5	1	..
31. Puerperal Septicaemia	6	7	..	6	..	..	..	..	..	1	5	..	..
32. Other Puerperal Diseases	11	8	..	11	..	..	..	..	..	2	9	..	..
33. Congenital Debility, and Malformations	67	70	35	32	66	..	1	67	..	..	..	..	..
34. Old Age	4	2	1	3	..			..	..	..	..	..	4
35. Violent Deaths	84	72	58	26	2	3	9	14	18	6	19	12	15
a. Sunstroke	..	..	..	..	..	..	..	..		..	..	..	..
b. Other Accidents	79	69	54	25	2	3	9	14	..	5	17	11	14
c. Homicide	5	3	4	1	..	..	..	..	18	1	2	1	1
36. Suicide	22	13	17	5	..		..	..	..	2	13	5	2
*37. All other causes	216	211	115	101	26	4	5	35	17	9	31	76	48
38. Ill-defined causes	3	3	2	1	..	..	1	1	..	..	2	..	..

Deaths in Institutions,	545	Mean temperature,	68.0 deg. Fahr.
Mean barometer,	29.86	Maximum temperature,	83.0 deg. Fahr.
Mean humidity,	58.0	Minimum temperature,	53.0 deg. Fahr.
Precipitation,	.08		

†If the deaths under one month, numbering 74 from all causes, be deducted from the total deaths under one year, the resulting rate will be 29 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 5, Diabetes 20, Alcoholism 2, Locomotor Ataxia 3, Paresis 8, Arterio-sclerosis 50, all other congenital causes 16.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JUNE 18, 1921. No. 25.

THE WORK OF THE DEPARTMENT OF HEALTH'S DENTAL CLINICS FOR SCHOOL CHILDREN.

The establishment and maintenance of dental clinics by the Department of Health, and their supervision by its Bureau of Child Hygiene, were the outgrowth of school medical inspection, through which it was found that a very large percentage of the children of the public schools had dental defects of varying degrees, kind and extent, and that the public facilities for the care of these defects were woefully lacking.

The Department has maintained, since January 1st, 1913, eight dental clinics for school children. Six of these clinics are located in school buildings, and two in buildings in the vicinity of the schools. Other things being equal, experience has shown that the best place to perform dental work for school children is within the school building, since such organization not only saves time, effort, rent, light, heat, and other overhead charges, for all concerned, but the school atmosphere results in a greater and more ready acceptance by the child of this work, and permits of closer co-operation by educational authorities. The personnel of these clinics consists of one supervising dentist, nine dentists and eight nurses. The supervising dentist and dentists are part-time officers, serving three and one-half hours daily, from 9 A. M. to 12.30 P. M.; the nurses are full-time employees with hours from 9 A. M. to 4.30 P. M. The dental work at these clinics is under the supervision of the Bureau of Child Hygiene of the Department of Health, and comprises part of the work of school medical inspection.

With a school population of approximately one million, with from 65 per cent to 90 per cent of school children having potential or actual dental defects, with a considerable number of parents unable to pay for dental treatment, or not sufficiently alert to realize the importance of prophylactic care, it is obvious that this number of clinics and this limited force are totally inadequate to cope with the dental situation, as it exists in the schools of the City. The amount of corrective work that would be required to place the mouths of the school children in proper condition is so great that, under existing conditions at any rate, the appropriation of a sufficient amount of money to adequately perform this service is impossible.

Digitized by Google

Owing to the limited force and budgetary appropriation, it has, therefore, been the policy of the Bureau of Child Hygiene to concentrate largely upon the preventive side of dental work, as far as possible. The Bureau endeavors to make these clinics central offices, serving as large a proportion of the schools of the neighborhood as their capacity will permit. No attempt is made to treat all the children of the schools. The main object is (1) to educate and instruct children in prophylactic dental care; (2) to prevent and treat dental defects in the children of the younger age groups, in order that future unfavorable conditions may be prevented or modified.

As far as possible, children entering school for the first time, are referred to these dental clinics for examination and the slight repair work that is usually necessary at this time. In addition, the dental nurses instruct the children in mouth hygiene, giving special attention to the necessity of daily use of the tooth brush. The children are taught the importance of clean mouths, and are required to report to the dentists at least once in six months for re-examination and repair of minor defects. Supplemental to the work of the dental clinics, every child physically examined in the schools, irrespective of whether or not he has dental defects, is given instruction in oral hygiene, and tooth brush drills are a regular part of the duty of the school nurse.

The work in these clinics is performed largely upon children of the lower grades, that is, of the first and second school years, although emergency cases of toothache, children about to be admitted into tuberculosis preventoria, open-air classes, and children temporarily refused employment certificates, are occasionally treated. The dentists perform extractions, with or without local anaesthesia, and fill cavities.

During the year 1918, the dental staff was increased by the appointment of three dental hygienists. Hope is entertained that sufficient funds will be provided, in the near future, to allow for the appointment of a much larger staff of dental hygienists, since the Bureau of Child Hygiene feels that such aid could play a large part in the prophylactic dental work among school children.

The Bureau of Child Hygiene recognizes its inability to provide sufficient dental care for all the school children of the City, and realizes that inadequate provision for such care exists throughout the Greater City. It, therefore, seeks to emphasize the educational and prophylactic side of oral hygiene in its clinics, and provides corrective measures, so far as possible. The need for dental clinics in the schools is an acute one, and the Bureau is constantly in recepit of requests from principals of schools for the establishment of such clinics. This need is, indeed, so acute that other agencies have taken up the work and, during 1920, several additional dental clinics were opened in public schools by mothers' clubs, the American Red Cross, the Association for Improving the Condition of the Poor, principals' school funds, and other agencies. The need was also felt by the parochial schools and, in several instances, ways and means for the establishment of dental clinics therein were perfected. Not only have dental clinics been established in the schools, but various co-operative agencies have established dental centres in congested sections of the City, in and about the public schools. These agencies have also seen the possibilities of preventive dental work by dental hygienists and have assigned several as part of their organization.

Several improvements in the dental service were effected during 1920, among which may be mentioned an almost entire change of dentists, a more accurate tabulation of records, an improvement in reports, history forms, consent cards, etc.

Digitized by Google

It seems apparent that municipal funds for the establishment and maintenance of a sufficient number of dental clinics, to adequately care for the dental defects in children of the schools, will not be forthcoming for many years. It is, therefore, hoped that some public-spirited citizens, or child-caring agencies, may do for New York what the Forsyth Brothers have done for Boston, Mass., and Mr. Eastman, for Rochester, N. Y. Owing to the small number of clinics and the limited working force under the supervision of the Bureau of Child Hygiene, we welcome the co-operation of citizens who are sufficiently interested in the care of school children to provide funds, not only for the equipment and maintenance of dental clinics but, also, for providing the necessary number of dentists, nurses and dental hygienists, so essential for the care of the mouth and teeth in early life.

DEPARTMENT OF HEALTH DENTAL CLINICS.
REPORT OF 1920.

Total Number of Patients		5,874
Total Number of Visits		16,064
Total Number of Re-Visits		9,333
Total Number Discharged		5,505
Total Number Cured		4,581
Total Number Dropped		114
Total Number Treatments		70,592
Temporary Fillings		1,686
In Deciduous Teeth	181	
In Permanent Teeth	1,505	
Operations		46,837
Extractions, Deciduous		13,199
With Anaesthetic	583	
Without Anaesthetic	12,616	
Extractions, Permanent		3,533
With Anaesthetic	3,467	
Without Anaesthetic	66	
Fillings, Permanent (Deciduous Teeth)		13,821
Silver Amalgam	1,033	
Copper Amalgam	87	
Copper Cement	1,729	
Cement	1,955	
Gutta Percha	4	
In Permanent Teeth:		
Silver Amalgam	4,813	
Copper Amalgam	191	
Copper Cement	1,120	
Cement	2,636	
Gutta Percha	53	
Cleanings		6,058
Otherwise		8,540
Prophylactic Instruction:		
By Dentist	8,368	
By Nurse	18,492	
Cases Examined and Charted		7,246
Work Paper Cases		395
Emergency Cases		963
Cases Otherwise		4,516

Digitized by Google

REGULATIONS GOVERNING THE PRACTICE OF MIDWIFERY, AMENDED.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 26th day of May, 1921, the following resolution was duly adopted:

Resolved, that Regulation F of the regulations governing the practice of midwifery, be and the same is hereby amended to read as follows:

Regulation F. Cases in which midwives may practice.—A duly licensed and registered midwife may practice midwifery in cases of normal labor, and in no others. No midwife is permitted to attend any woman in labor until the seventh month of utero-gestation has passed. No midwife shall, in any case of labor, use instruments of any kind nor assist labor by any artificial, forcible or mechanical means, nor perform version nor attempt to remove adherent placentae, nor administer, prescribe, advise, or employ any poisonous or dangerous drug, herb or medicine, nor attempt the treatment of diseases.

A True Copy.

CHARLES H. KOHLER, *Secretary.*

REGULATION OF POULTRY SLAUGHTER HOUSES.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 26th day of May, 1921, the following resolution was duly adopted:

Resolved, that paragraphs F and G of Regulation 2 of the regulations governing the conduct of poultry slaughter houses, be and the same are hereby amended, to read as follows:

(f) A separate room to be used exclusively for killing poultry, which shall have an area of at least 100 square feet, shall be provided. The width or length of this room shall not be less than 6 feet. If a killing trough is provided, it shall be erected of non-absorbent material and shall discharge over a properly trapped sewer connected drain. The provisions of this regulation shall not apply to poultry slaughter houses where a wholesale business is carried on exclusively.

(g) A separate room, with an area of at least 100 square feet, to be used exclusively for the plucking of poultry killed on the premises, shall be provided. The width or length of this room shall not be less than 6 feet. Properly constructed boxes or receptacles of adequate size shall be provided for holding feathers. The provisions of this regulation regulation shall not apply to poultry slaughter houses doing a wholesale business exclusively, nor to poultry slaughter houses where, in the opinion of the Department of Health, no dry plucking is carried on.

A True Copy.

CHARLES H. KOHLER, *Secretary.*

THE VACCINATION CAMPAIGN.

During the month of May vaccinations were performed in the Greater City, by the medical inspectors of the Department of Health, in accordance with the tables given below. The total vaccinations during May were 16,488, as contrasted with 2,484 effected during April.

VACCINATIONS DURING MAY.

	No. of Centers.	No. of Inspectors.	Total No. of Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs. Issued
Manhattan	10	10	4402	3944	458	1981	1070
Bronx	3	3	3899	3858	41	1421	1414
Brooklyn	13	15	7649	7549	100	2662	2661
Queens	7	3	353	346	7	159	159
Richmond	1	1	185	182	3	154	154
City	34	32	16488	15879	609	6377	5458

Digitized by Google

REGULATING CLINICAL THERMOMETERS.

Inspectors of the Department of Health are now visiting drug stores and instrument supply houses for the purpose of testing clinical thermometers on sale therein, under the provisions of Section 190, of the Sanitary Code, as printed in the Weekly Bulletin of August 14, 1920.

In all instances in which instruments which do not comply with the requirements of this section are found, prosecutions will be begun.

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 11, 1921.

The exceedingly low mortality of 9.71 per 1,000 of the population was reported during the week just ended, there having been 1,070 deaths reported, as compared with 1,129 deaths and a rate of 10.40 in the corresponding week of 1920, a decrease in the absolute number of deaths of 59 and in the relative number of deaths, taking into consideration the increase in the population, of 76.

All of the infectious diseases showed a decreased mortality with the exception of scarlet fever, 7 deaths having been reported as compared with 5, and cerebro-spinal meningitis 7, as compared with 1. The mortality of the other infectious diseases was as follows:

2 deaths from measles, as compared with 12 in the corresponding week of 1920.

12 from diphtheria, as compared with 18.

4 from whooping cough, as compared with 7.

22 from diarrhoeal diseases among children, as compared with 29.

112 from tuberculosis, as compared with 115.

There was 1 death reported from typhoid fever, as compared with 1 death in the corresponding week of 1920.

The acute respiratory diseases and the pneumonias produced a mortality of 92 deaths, as compared with 110 deaths. Other causes showing an increased mortality are:

Cancer, 110, as compared with 85.

Organic heart diseases, 208, as compared with 202.

Diseases of the nervous system, 43, as compared with 27.

Violent deaths numbered 75, as compared with 93.

Infant mortality still holds much below that of 1920. During the week just closed, 139 deaths were reported, as compared with 176; between 1 and 5 years of age there were 65 deaths reported, as compared with 80, a decrease of 15 deaths. At ages 65 and over, there were 237 deaths reported, as compared with 224, an increase of 13.

The death rate for the first 24 weeks of 1921 was 12.45 per 1,000 of the population, as compared with a rate of 16.12 in the corresponding period of 1920, a decrease of 3.67 points. At present the outlook is very hopeful that the mortality rate of the year will go considerably below that of 1920, in which year the death rate was 12.93 per 1,000 of the population for the entire year.

A surprising decrease is noted in the mortality among infants, there having been only 76 deaths under one year reported, as compared with 100 deaths in the corresponding period of 1920, a decrease of 24 in every thousand children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DRUG ADDICTION.—Prentice, A. C. The problem of the narcotic drug addict. (A. M. A. Jour., June 4, 1921. pp. 1551-1556.)

FOOT.—Bacon, M. M. The anatomy of feet and their full efficiency. (Nation's Health (The), May, 1921. pp. 283-285, illus.)

FOOT.—Ogilvy, Charles. A study of the foot in infancy and childhood, with special reference to prevention and treatment of deformity. (Arch. Pediat., May, 1921. pp. 275-284, illus.)

HEALTH.—Cleveland Hospital Council. Cleveland hospital and health survey. 11 parts. 1920. 1082 pp. **614.091 C6**

Pt. 1.—Introduction; Pt. 2—Public health services; Pt. 3—Child health; Pt. 4—Tuberculosis; Pt. 5—Venereal disease; Pt. 6—Mental diseases; Pt. 7—Industrial medical service; Pt. 8—Education and practice in medicine, dentistry, pharmacy; Pt. 9—Nursing; Pt. 10—Hospitals and dispensaries; Pt. 11—Method, bibliography, index.

INFANT MORTALITY.—Thompson, S. G. Factors that influence infant mortality. (Am. J. Pub. Health, May, 1921. pp. 415-416, charts.)

MALNUTRITION.—Dowd, H. L. Diagnosis of malnutrition. (Hosp. Social Service, May, 1921. pp. 366-375.)

NURSING.—Jamme, A. C. Textbook of nursing procedures. 1921. 140 pp., illus. **610.73J36**

OYSTERS.—Nelson, T. C. Some aspects of pollution as affecting oyster propagation (Am. J. Pub. Health, June, 1921. pp 498-501.)

PHYSICAL EDUCATION.—Hetherington, C W. Special objectives of physical education with relationships to public health (Am. J. Pub. Health, June, 1921. pp 520-528.)

PHYSICAL EXAMINATION.—Fisk, E. L. Periodic physical examination—a national need. (Nation's Health, The, May, 1921 pp. 286-289, illus.)

POSTURE.—Hilles, Edith. The relation of posture to individual health. (Nation's Health, The, May, 1921. pp. 290-293, illus.)

RATS.—White, E. L. A note of rats, with reference to their presence in docks (Med. Officer, April 30, 1921. pp. 187 189.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Mar. 19	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11
Total deaths	1450	1398	1379	1439	1388	1331	1327	1307	1256	1215	1216	1208	1070
Annual Death Rate	18.15	12.68	12.51	13.06	12.59	12.07	12.03	11.86	11.39	11.02	11 03	11.66	9.71
*Acute Infectious Diseases	51	40	55	56	48	52	56	44	55	48	43	42	33
Pul. Tuberculosis..	130	114	127	112	99	128	109	110	119	83	114	111	112
Influenza	18	17	10	10	15	16	14	10	9	11	6	6	4
Lobar Pneumonia.	124	122	108	91	110	78	74	78	60	69	67	60	48
Broncho Pneum...	95	92	81	82	67	79	58	52	56	49	41	38	39
**Violent Deaths ...	61	66	80	65	65	61	63	68	65	61	68	84	57
Deaths under 1 year.	215	171	179	224	182	194	208	200	172	155	161	148	139
Rates per 1,000 births	85.0	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58 2	54 7
Deaths under 5 years	308	274	278	327	274	301	298	267	249	231	231	233	204
" 5-65 years ..	820	812	819	808	800	757	718	725	721	676	714	720	629
" 65 years and over	322	312	282	304	314	278	311	315	286	308	271	25	237

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	211	206	295	249	427	278	284	264	284	243	246	214	240
Diphtheria	437	376	359	343	361	420	433	418	422	348	357	288	293
Measles	236	196	276	222	215	189	246	212	321	221	305	221	227
Scarlet Fever	517	450	386	428	396	418	344	290	308	287	309	279	245
Chickenpox	320	226	252	236	193	210	196	254	193	200	251	216	218
Influenza	154	165	142	179	176	59	57	49	26	17	23	11	12
Pneumonias	512	447	392	330	370	322	293	271	227	206	214	188	172
Typhoid Fever	8	7	10	7	7	12	12	9	10	7	12	7	10
Whooping Cough ...	121	109	78	130	142	154	170	132	169	151	168	145	186
Syphilis	308	222	266	262	285	210	238	256	192	285	195	174	202
Gonorrhoea	65	56	57	41	48	94	66	138	77	26	70	56	77
Poliomyelitis		..		2	1	..	1	1	..	..	..	2	1
Cerebro-spinal Meningitis	7	4	9	6	9	8	4	7	7	7	4	4	9
Total	2896	2464	2522	2435	2627	2374	2344	2301	2231	1948	2154	1800	1992

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, June 11, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	517	496	488	1125	872	47	11.82	11.37	11.18
The Bronx	732,016	778,528	184	129	120	291	97	20	9.35	8.64	8.04
Brooklyn	2,022,262	2,077,674	356	381	357	1016	448	51	9.11	8.81	8.96
Queens	466,811	497,627	76	74	83	200	72	8	8.28	7.76	8.70
Richmond	115,959	121,252	46	40	22	61	19	2	20.82	17.21	9.47
Total	5,621,151	5,751,859	1129	1070	1070	2693	1508	128	10.40	9.71	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-four weeks of this year there were 32,926 deaths, a rate of 12.45 per 1,000 population. During the corresponding weeks of last year there were 41,998 deaths, a rate of 16.12 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	18	82	3	2	1	21	20	13	11	9	2	32	78	107	289	100
The Bronx	2	31	..	1	2	8	8	1	1	3	1	5	16	17	94	18
Brooklyn	3	19	4	1	1	17	9	10	10	4	2	12	44	70	173	88
Queens	2	15	..	..	1	1	2	..	..	2	..	..	4	7	47	20
Richmond	..	15	..	..	..	1	..	..	..	..	..	3	2	3	26	11
Total	25	112	7	4	5	48	39	24	22	18	5	52	139	204	629	237

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births.	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births.	In Institutions	Other Places	Under 5 Years of Age: All Causes	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	68	62.8	9	8.3	8	6	98	22.2	11	2.5	10	2.3
The Bronx	21	73.7	1	3.5	..	1	25	15.5	1	0.6	2	1.2
Brooklyn	44	46.7	8	8.5	3	5	70	15.7	10	2.2	3	0.7
Queens	4	22.2	..	..	..	..	8	7.5	..	..	..	..
Richmond	2	37.8	..	..	..	..	3	12.6	..	..	..	..
City of New York.	139	54.7	18	7.1	6	12	204	17.3	22	1.9	15	1.3

During the first twenty-four weeks of this year 4,611 infants died, a rate of 76. per 1,000 population. During the corresponding weeks of last year 6,066 died, a rate of 100. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 6-4-'21..	88	154	17	39	86	54	3	22	12	2	..	5	..	..	..	78	..	548	193	1301
Admitted	24	31	6	18	13	15	..	9	3	3	2	1	..	..	..	8	..	16	16	165
Discharged	23	37	6	18	19	17	..	5	3	1	..	4	..	..	..	14	..	19	15	181
Died	3	6	1	1	..	..	..	1	..	..	..	..	..	..	..	..	..	..	2	14
Rem'g 6-11-'21..	86	142	16	38	80	52	3	25	12	4	2	2	..	..	..	72	..	545	192	1271
Total treated	112	185	23	57	99	69	3	31	15	5	2	6	..	..	..	86	..	564	209	1466

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,070	11.29	564	506	139	29	36	204	58	61	204	311	237
1. Typhoid Fever	1	1	..	1	..	..	..	..	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	12	..	2	1	1	..	2	..	..	..	..	..
6. Scarlet Fever	7	5	3	4	..	..	2	2	4	1	..	..	..
7. Whooping Cough	4	7	3	1	2	2	..	4	..	..	..	..	..
8. Diphtheria	12	18	9	3	1	..	4	7	5	..	..	..	..
9. Influenza	4	4	..	4	1	..	..	1	..	..	..	2	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	2	7	..	2	1	..	..	1	..	..	1	..	..
13. Pulmonary Tuberculosis	112	115	69	43	2	1	2	5	2	19	58	25	3
14. Tbc. Meningitis	2	10	2	..	1	1	..	2	..	..	..	..	..
15. Other forms Tbc.	11	6	6	5	..	..	2	2	..	2	5	1	1
16. Cancer, Malignant Tumor	110	85	50	60	..	..	1	1	..	1	16	58	34
17. Simple Meningitis	3	3	2	1	..	..	1	1	..	..	1	1	..
17a. Cerebro-spinal Meningitis	7	1	3	4	2	1	1	4	1	1	1	..	..
18. Apoplexy, Softening of the Brain	14	6	8	6	..	..	..	..	..	..	2	6	6
19. Organic Heart Diseases	194	187	94	100	1	..	..	1	7	3	20	76	87
20. Acute Bronchitis	5	3	2	3	2	1	..	3	1	..	..	1	..
21. Chronic Bronchitis	1	1	..	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	48	53	28	20	5	4	2	11	2	2	9	15	9
22a. Broncho Pneumonia	39	49	18	21	12	6	2	20	1	..	5	9	4
23. Other Respiratory Diseases	2	10	1	1	..	..	1	1	..	..	1	..	.
24. Diseases of the Stomach (Cancer excepted)	6	9	5	1	..	..	..	..	..	..	2	3	1
25. Diarrhoeal Diseases (under 5 years)	22	29	9	13	18	3	1	22	..	..	..	..	..
26. Appendicitis and Typhilitis	13	14	9	4	..	..	1	1	3	2	3	3	1
27. Hernia, Intestinal Obstruction	8	13	2	6	..	..	..	..	..	..	1	7	..
28. Cirrhosis of Liver	6	7	3	3	..	..	..	..	..	..	..	4	2
29. Bright's Disease and Nephritis	64	85	35	29	..	..	..	..	1	2	10	20	31
30. Diseases of Women (not Cancer)	5	9	..	5	..	..	..	..	..	..	3	2	.
31. Puerperal Septicaemia	5	2	..	5	..	..	..	..	..	2	3	..	.
32. Other Puerperal Diseases	10	12	..	10	..	..	..	..	..	2	8	..	..
33. Congenital Debility, and Malformations	70	60	43	27	70	..	..	70	..	..	..	..	.
34. Old Age	3	3	1	2	..	..	..	..	..	..	..	..	3
35. Violent Deaths	57	82	38	19	..	1	3	9	13	9	12	10	4
a. Sunstroke	.	..	..	..	..	..	..	..	..	..	..	.	
b. Other Accidents	52	80	34	18	..	1	3	9	13	9	9	9	3
c. Homicide	5	2	4	1	..	..	..	..	..	..	3	1	1
36. Suicide	18	11	15	3	..	..	..	..	..	3	4	9	2
*37. All other causes	198	201	104	94	20	5	3	33	12	12	35	59	47
38. Ill-defined causes	5	..	2	3	..	1	..	1	1	..	3	..	..

Deaths in Institutions,	492	Mean temperature,	77.1 deg. Fahr.
Mean barometer,	29.99	Maximum temperature,	85.0 deg. Fahr.
Mean humidity,	63.0	Minimum temperature,	54.0 deg. Fahr.
Precipitation,	.17		

†If the deaths under one month, numbering 83 from all causes, be deducted from the total deaths under one year, the resulting rate will be 22 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 6, Diabetes 16, Alcoholism 0, Locomotor Ataxia 0, Paresis 7, Arterio-sclerosis 46, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JUNE 25, 1921. No. 26.

SIGHT CONSERVATION WORK OF THE DEPARTMENT OF HEALTH AMONG SCHOOL CHILDREN.

The eye clinics of the Bureau of Child Hygiene, of the Department of Health, were organized in 1902, to care for the large number of cases of trachoma, and cases of suspected trachoma, found, at the time, in the public schools. For several years, the work of these clinics was almost exclusively the treatment and operation of these cases.

The eye clinics are now nine in number, located, with one exception, in public schools, five in Manhattan, three in Brooklyn, one in The Bronx, and one in Queens. They are maintained under the jurisdiction, and in accordance with the rules and regulations, of the State Board of Charities. Only children whose parents are unable to pay a private physician, are accepted for treatment.

The eye clinics of the Bureau of Child Hygiene have been reorganized, during the past three years, and there exists a system of close co-operation with the Division of School Medical Inspection, to produce a great increase in efficiency over the old organization, and to attain the following results:

First: The detection and treatment of all contagious eye diseases among school children.

Second: The detection and correction of refractive errors in school children, not already under private treatment.

Third: The examination of all candidates for, and the supervision of the sight conservation and blind classes, in the public schools.

The staff consists of: 1. The Director and Assistant Director of the Bureau of Child Hygiene. 2. The Borough Chiefs of the respective boroughs, in control of the administration of the clinics in each borough. 3. The Supervising Oculist, charged with the supervision of the technical work of the staff of the clinics, in all boroughs, and in direct charge of the sight conservation and blind classes. 4. The Supervising Medical Inspectors, field heads of the work in schools. 5. Supervising Nurses, field heads of nurses, in the clinics and schools. 6. Oculists and nurses, in each clinic. 7. Medical inspectors and nurses, in schools.

The character of the work of the eye clinics has changed greatly in the last three years.

In response to the recognized harmful effects of refractive errors on the mental development of the growing child, the refraction work of the clinics has increased

Digitized by Google

enormously, and the clinics have a highly developed staff of ophthalmologists, expert in the refraction of young children, mentally defective children, and partly-sighted children.

In the line of experimental research, groups of hundreds of mentally defective children, "habitually left-back" children, have been refracted, and those with refractive errors have been properly fitted with glasses, and the cases followed up, for months and years, for data on the effects of eye strain on the child mentally.

There are several reasons why these clinics are needed, in addition to the several large public eye dispensaries of the City.

1. Correct refraction of the young child is a tedious and tiresome task, and, in nearly all eye dispensaries, the refraction, for this reason, is passed on to the novice or lower assistant in the clinic, and, in some cases, to the optician who has the contract to fill the prescriptions for the glasses. Refraction of the very young child, the backward child, and the mentally defective child, calls for the very highest skill on the part of the oculist and, in our opinion, should never be entrusted to the novice or optician. The oculists of the clinics of the Bureau of Child Hygiene are highly trained oculists, with years of experience in refracting these cases.

2. It has been impossible to obtain sufficient facilities in the public eye clinics of the City to handle the great mass of refraction work. The sight conservation and blind classes are under the direct supervision and care of the Supervising Oculist. All candidates for these classes are examined by an oculist of our clinics, and the report sent to the Supervising Oculist, who makes the final recommendation as to the assignment of the child to a normal or a sight conservation class, or to a blind class and in those cases not under private treatment, which is the case in the great majority of these children, he assumes the active treatment of the condition of the eyes found or any treatment is indicated.

A vast amount has been accomplished by this intensive systematic work in the sight conservation classes. About 2,000 candidates have been examined—110 were assigned to the blind class, where the blind child is taught the Braille system of finger reading; 845 were assigned to the sight conservation classes, which are equipped with special large print blocks, raised maps, most favorable lighting, individual assistance from special teachers, to permit these partly sighted children to perform as near regular grade as possible, without injury to their already crippled eyes. All of this class of children, who are not under private treatment, and where it is indicated for the existing eye condition, are cared for by a co-operative plan between the special teachers of these classes and the supervising oculist of the clinic. In this way it has been possible to accomplish a great amount of improvement in many cases, as, by this co-operation, the child is kept constantly under observation and treatment, which overcomes the great obstacles to results in the treatment of this class of cases in public eye clinics with no official connection with the Department of Education.

Good results have been secured in the removal of corneal scars by the prolonged application of negative galvanism, in clearing up old trachoma cases, in keeping the progressive myopes under constant observation, and closely following their sometimes rapidly changing refractive conditions, which are so important in these cases.

The system now in operation between the eye clinics and the schools, to care for the eye cases without loss of school time to the child, and to avoid confusion and overcrowding at the clinics, is for the school nurse or school principal or teacher, social worker, or attendance officer, to call up the nearest eye clinic by telephone, and make appointment for a certain number of cases on a certain day. It is required that the parent sign a consent card, and that the parent or some older person accompany the child, if a mydriatic is to be used. The school nurses, attendance officers, social workers, etc., often bring groups of these children to the clinics, saving the parents

Digitized by Google

the loss of time from their work, or other home duties. During the year ending July 1st, 1920, the following work was performed at these clinics:

WORK OF EYE CLINICS.

Visits to clinics	79,253
New cases	19,639
Refractions	30,128
Prescriptions for glasses	10,021
Medical prescriptions	84,068

The sight conservation work in the public schools aims: 1. To provide conditions under which the "partially-sighted" children may study without injury to the eyes. 2. To provide supervision and treatment, by an oculist of the Bureau of Child Hygiene.

The equipment of these classes consists of special large print, proper light, raised maps, adjustable desks, and individual assistance by the teachers, who prepare all the work in large, easily read copy, which permits the partly-sighted child to keep pace with its normal grade, without further loss of vision. Constant supervision and treatment are given by the oculist of the Bureau of Child Hygiene, of the Department of Health, who examines the eyes of all candidates and assigns the child to a blind, sight conservation, or to a normal class. He makes a full diagnosis and prognosis, and outlines the kind and quantity of work that may be permitted for each individual child. He also strives to improve the condition found, by the indicated treatment, whatever the condition may be, disease or refractive error. Each child suffering from any eye disease or refractive error is instructed to go to its private oculist for treatment, if financially able, but, with the great majority of children in these classes this is not the case, in which event, if the parents consent, the child is treated in the Child Hygiene Special Clinic, for these classes.

The oculist care of these classes has been under the direction of the Bureau of Child Hygiene, of the Department of Health, for about four years, with most gratifying results, in a large number of cases. The hearty co-operation of Miss Moscrip, Board of Education Inspector of the Blind and Sight Conservation Classes, and her splendid corps of teachers has been of great assistance. The blind classes continue to teach the Braille system and other usual educational work for the blind. At present there are six blind classes, and twenty-eight sight-conservation classes, and more classes have been authorized.

Some highly practical results have been obtained since the Bureau of Child Hygiene took over this work—results that would not have been obtained otherwise. For example, through the combined efforts of principals, teachers, medical inspectors, and nurses, after special instruction by the Supervising Oculist, a large number of children with vision in the better eye of 20/70, or worse, were found, taken to our clinics, and over 900 returned to school with practically normal vision, after treatment or refraction. These children had already all been through the usual routine of school medical inspection but, due to either error in the original vision test, unsuccessful follow-up work, or a lack of co-operation by principals and teachers, due, in most cases, to a lack of thorough understanding of the importance of this work, there had been failure to get them under proper treatment. Of those admitted to sight-conservation classes with vision that could not be improved at once by refraction sufficiently to do normal work, may have been improved by combined treatment and proper use of eyes to such a degree that they have been reassigned to normal classes. All children with a vision in the better eye of 20/70, or worse, are candidates for sight conservation classes. If the oculist cannot improve this vision, the child may be assigned to the sight conservation class. If the vision is improved to better than 20/50, by glasses or treatment, the oculist decides if sight conservation work would be beneficial in each case, as in many cases of progressive myopia the vision can be improved with glasses to a greater de-

Digitized by Google

gree than 20/50, or to even normal vision, 20/20. A final recommendation is given by the oculist-in-charge of each case, as to the extent to which the use of the eyes shall be permitted, with full instructions as to glasses, re-visits to the oculist, etc., as by this method, only, can most children be kept under most favorable conditions.

The educational feature of the work of the eye clinics is becoming more and more prominent, not only with the parents and children and teachers of the sight conservation classes, but with principals and teachers throughout the City. Many principals today, have but a very vague idea of what a sight conservation class is, but nearly all are intensely interested, and co-operative, after hearing the subject fully explained with the other very important activities of the eye clinics, especially the subject of the harmful effects of refractive errors on the mentality and school progress of the growing child.

By far the most common cause of loss of vision, in the children of the sight conservation classes, is progressive myopia. Progressive myopia is a subject with which the general practitioner and the school teacher should be far more familiar than many are now. They should be sufficiently familiar with this subject to be able to explain intelligently to parents and children why the myopic eye needs so much more careful and constant attention than other forms of refractive errors. It is here that the sight conservation class is of inestimable value in co-operating with the oculist in saving these near-sighted children from irreparable injury to their vision. The constant strain of near-sighted eyes can be relieved by wearing glasses, if the glasses are properly fitted, combined with the proper use of the eyes but, it is only through the co-operation of the family physicians, teachers, social workers, and school nurses, that the parents and children can be educated up to the point of giving these eyes proper and sufficiently sustained care. The ciliary muscle spasm of myopic eyes of children and, therefore, the necessity for the use of a mydriatic in the proper refraction of these cases, is clearly explained to the parents in non-technical language, and it is thus made clear to them why the child should be taken to the experienced oculist and not to the optician, who is not permitted to use a mydriatic by law, because he is not a physician.

Those having control of children of the school age should know the importance of proper light in the conservation of eyesight, and the harm done by working the growing eye in improper light. The starting of near-sight in a normal eye is, undoubtedly, very often caused by the eye-strain necessary to read and study in a poor light. The question of light receives but scant consideration in many schools. Many classrooms are lighted very poorly by gas, on all days but the very brightest, and the study room of one of our high schools, in the auditorium, has practically no daylight. No more favorable setting could be imagined for the development of myopia, blepharitis, headaches, and all that long list of neuroses caused by eye strain in the growing child. It will be necessary to do a great deal of educational and propaganda work before we shall be able to correct these defects in our schools and guard against repetitions in new buildings. Many of the schools used for night schools are not provided with proper lighting equipment, and the work done in these schools by the pupils under this poor illumination is producing the same bad results as in the poorly lighted day schools.

A large part of the good results of the work of the sight-conservation clinic is obtained by skillful refraction, which is the proper fitting of glasses. Refraction of the partly-sighted child, the mentally defective, backward, or very young child, requires the highest skill of the experienced oculist and is usually beyond the skill of the oculist of little experience and of the optician. This work calls for the constant use of "skiascopy" or the "shadow test," by which the measurement of refraction of the eye is made without any assistance from the child, as in these classes of children the child can be of but very doubtful assistance to the oculist. After considerable practice a high degree of accuracy is obtained by this method of refraction. A great deal of harm may be done to defective eyes by their improper use and harm may be done to

Digitized by Google

the physical well-being of the child, from the effects of eye strain in producing reflex nervous symptoms.

Out of the 132 ungraded or mentally defective children, refracted by the supervising oculist, and for whom glasses were procured, 34 were found to be normal mentally after relieving their eye strain and giving them vision, and more than 65 per cent showed decided mental improvement, and many showed physical improvement. In the child of normal mentality, defective vision is a great handicap, as is shown in every large school or group of schools. In a group of 400 "habitual left-back" children, found in one of our large schools, it was found that more than 100 had decided refractive errors. Glasses were prescribed for about 110; one hundred of this number procured the glasses and, in less than three months, saw some very agreeable results. Out of the 100, more than 98 of the "habitual left-backs" passed the regular school examination, many skipping classes, and one boy, far behind his grade for age, skipped five grades on the examination. Of the ten who did not have their prescription for glasses filled, only one was promoted. In the same school, we had the walls of a small room nearly covered with test papers showing the startling improvement made in writing, drawing, and arithmetic, in remarkably short periods, by children of all ages, after correction of refractive errors.

The total number of cases recommended to the blind and sight conservation classes, during the school year, were 995, but the public schools have been able to admit less than half of this number as there are only about 30 classes and these are widely scattered.

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 18, 1921.

The health of the City as reflected in the mortality records of the week just ended was exceptionally good, there having been only 1,128 deaths reported and a rate of 10.23 per 1,000 of the population, as compared with 1,171 deaths and a rate of 10.79 in the corresponding week of 1920, a decrease in the absolute number of deaths of 43 and in the rate of .56 points, which is equivalent to a relative decrease of 62 deaths.

The infectious diseases that showed a decreased mortality were: Diphtheria and croup, 9, as compared with 18; whooping cough, 8, as compared with 14; pulmonary tuberculosis, 97, as compared with 123; acute respiratory diseases, bronchitis and the pneumonias, 59, as compared with 115.

Scarlet fever showed a material increase, the mortality having been 12 deaths reported, as compared with 1 death in the corresponding week of 1920. There were 10 deaths reported from measles, as compared with 7; 39 deaths from diarrhoeal diseases, as compared with 32; 223 deaths from organic heart diseases, as compared with 198; 81 deaths from Bright's disease, as compared with 69; diseases of the nervous system showed a material increase, there having been 48 deaths reported, as compared with 24; 106 deaths were reported from violence, as compared with 100.

There were 168 deaths reported among children under one year of age, as compared with 192, a decrease of 24; there were 70 deaths reported between 1 and 5 years of age, as compared with 69, an increase of 1; 637 deaths were reported between 5 and 65 years of age, as compared with 647, a decrease of 10; 253 deaths reported at ages 65 years and over, as compared with 263, a decrease of 10.

The death rate for the first 25 weeks of 1921 was 12.37 per 1,000 of the population, as compared with a rate of 15.92 in the corresponding period of 1920, a decrease of 3.55 of a point; 75 children under 1 year of age died out of every 1,000 born from January 1st to date, as compared with 99 deaths in the corresponding period of 1920, a decrease of 24 deaths.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

BOTULISM.—Denton, Minna, and others. Botulism and home canning. (Jour. Home Econ., June, 1921. pp. 261-266.)

CHILD WELFARE.—Cranfield, W. T. Infant immigrants; Canada's care for the child. (The Child, May, 1921. pp. 225-229, illus.)

CHILDREN, CARE AND HYGIENE.—Gebhart, J. C. Pre-school age physical defects. (Mother and Child, June, 1921. pp. 248-255, tables.)

CRIPPLED CHILDREN.—McMurtrie, D. C. The care of crippled children; aims for the future. (Maternity and Child Welfare, June, 1921. pp. 365-368.)

DIETETICS.—Dennett, Roger. Some dietetic problems of infancy and childhood. (Mod. Hosp., June, 1921. pp. 541-544.)

DRUG ADDICTION.—Williams, F. V. The hopheads; personal experiences among the users of "dope" in the San Francisco underworld. 1920. 133 p., illus.
613.8W67

HEALTH.—Hill, L., and M. Greenwood. The relation of health to atmospheric environment. (Internat. J. Pub. Health, May-June, 1921. pp. 232-247, tables.)

HEART DISEASES.—Emerson, Haven. The prevention of heart disease—a new practical problem. (Bos. M. & S. Jour., June 9, 1921. pp. 587-607, charts, tables.)

ICE CREAM.—Washburn, R. M. What is a fair standard for ice cream? (Jour. Dairy Science, May, 1921. pp. 231-239, tables.)

NURSING.—Robertson, J. D. Syllabus of lectures on home nursing; given at the Chicago Training School for Home and Public Health Nursing, 1920. 277 p., typewritten, illus. (Educational series A 18c).
610.73R54

SOCIAL WORKERS.—Emerson, Haven. Is there a need and a place for social workers in public health service? (Hosp. Soc. Service, April, 1921. pp. 271-282.)

SWIMMING POOLS.—Buswell, A. M. Sanitary standards for swimming pools. (Physical Training, May, 1921. pp. 316-318.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks

	Mar. 26	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18
Total deaths	1398	1379	1489	1388	1331	1327	1307	1256	1215	1216	1208	1070	1128
Annual Death Rate	12.68	12.51	18.06	12.59	12.07	12.08	11.86	11.89	11 02	11 03	11.66	9.71	10.23
*Acute Infectious Diseases	40	55	56	48	52	56	44	55	48	43	42	33	35
Pul. Tuberculosis..	114	127	112	99	128	109	110	119	83	114	111	112	97
Influenza	17	10	10	15	16	14	10	9	11	6	6	4	6
Lobar Pneumonia.	122	108	91	110	78	74	78	60	69	67	60	48	36
Broncho Pneum...	92	81	82	67	79	58	52	56	49	41	38	39	19
**Violent Deaths ...	66	80	65	65	61	63	68	65	61	68	84	57	85
Deaths under 1 year.	171	179	224	182	194	208	200	172	155	161	148	139	168
Rates per 1,000 births	67.5	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58 2	54 7	64.2
Deaths under 5 years	274	278	327	274	301	298	267	249	231	231	233	204	238
" 5-65 years ..	812	819	808	800	757	718	725	721	676	714	720	629	637
" 65 years and over	312	282	304	314	273	311	315	286	308	271	25	237	253

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	206	295	249	427	278	284	264	284	243	246	214	340	239
Diphtheria	376	359	343	361	420	433	418	422	348	357	288	293	311
Measles	196	276	222	215	189	246	212	321	221	305	221	227	220
Scarlet Fever	450	386	428	396	418	344	290	303	287	309	279	245	211
Chickenpox	226	252	236	193	210	196	254	193	200	251	216	218	163
Influenza	165	142	179	176	59	57	49	26	17	23	11	12	11
Pneumonias	447	392	330	370	322	293	271	227	206	214	188	172	196
Typhoid Fever	7	10	7	7	12	12	9	10	7	12	7	10	4
Whooping Cough ...	109	78	130	142	154	170	132	169	151	168	145	186	146
Syphilis	222	266	262	285	210	238	256	192	235	196	174	202	188
Gonorrhoea	56	57	41	48	94	66	138	77	26	70	56	77	74
litis	..		2	1	..	1	1	..	..	..	2	1	1
al Meningiti	4	9	6	9	8	4	7	7	7	4	4	9	8
.....	2464	2522	2435	2627	2374	2344	2301	2231	1948	2154	1800	1992	1772

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, June 18, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	508	506	493	1183	490	47	11 62	11.60	11.30
The Bronx	732,016	779,628	151	109	101	325	89	16	10.54	7.30	6.77
Brooklyn	2,022,262	2,077,674	386	375	399	924	253	46	9.93	9.42	10.02
Queens	466,811	497,627	91	88	94	180	47	2	9.92	9.84	10.51
Richmond	115,969	121,252	33	50	41	58	25	3	14.58	21.51	17.64
Total	5,621,151	5,751,859	1171	1128	1128	2620	904	114	10.79	10.23	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-five weeks of this year there were 34,054 deaths, a rate of 12.37 per 1,000 population. During the corresponding weeks of last year there were 43,169 deaths, a rate of 15.42 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years	65 years and over.
Manhattan	15	37	2	2	2	16	5	24	24	12	4	32	88	125	285	96
The Bronx	8	19	..	1	..	4	2	..	..	2	..	6	8	16	67	26
Brooklyn	7	22	1	3	1	12	8	15	14	3	4	24	59	78	206	91
Queens	5	7	..	..	1	2	4	1	..	4	..	9	10	16	43	29
Richmond	..	12	..	..	..	2	..	1	1	..	..	6	8	8	36	11
Total	35	97	3	6	4	36	19	41	39	21	8	77	168	288	637	258

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	77	71.2	17	15 7	7	10	113	25 6	22	5.0	14	3.2
The Bronx	12	42 2	1	3.5	1		20	12.4	1	0.6	4	2.5
Brooklyn	64	68.0	18	13.8	7	6	84	18 8	15	8.4	5	1.1
Queens	12	66 5				..	18	16 9	..	..	5	4.7
Richmond	3	56.8	1	18 9	1	..	3	12 6	1	4.2	..	..
City of New York.	168	66.1	32	12.6	16	16	328	27.8	39	3.3	28	2.4

During the first twenty-five weeks of this year 4,779 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 6,258 died, a rate of 99. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 6-11-'21.	86	142	16	38	80	52	8	25	12	4	2	2	..	..	..	72	..	545	192	1271
Admitted	23	24	6	11	6	14	..	12	2	3	..	1	..	..	..	4	..	17	19	142
Discharged	29	36	8	17	21	16	..	8	..	1	2	2	..	..	..	9	..	25	15	189
Died	5	1	..	..	..	..	..	..	2	..	..	..	..	..	..	..	..	..	2	10
Rem'g 6-18-'21	75	129	14	32	65	50	8	29	12	6	.	1	..	..	..	67	..	537	194	1214
Total treated	109	166	22	49	86	66	8	37	14	7	2	3	..	..	..	76	..	562	211	1413

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1128	1,171	578	550	108	56	55	218	62	67	212	296	253
1. Typhoid Fever	1	..	..	1	..	..	..	..	..	1	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	10	7	4	6	4	4	1	9	..	1	..	..	..
6. Scarlet Fever	12	1	3	9	1	1	4	6	5	1	..	..	..
7. Whooping Cough	8	14	4	4	6	2		8	..	..	..	..	..
8. Diphtheria	9	18	5	4	2	1	3	6	3	..	..	..	..
9. Influenza	6	8	2	4	3	..	..	3	..	..	2	..	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	5	5	1	4	2	1	..	3	..	1	..	..	1
13. Pulmonary Tuberculosis	97	123	61	36	2	1	..	3	2	21	40	27	4
14. Tbc. Meningitis	9	9	6	3	1	2	2	5	2	1	1	..	..
15. Other forms Tbc.	10	12	3	7	1	.	1	2	..	2	4	2	..
16. Cancer, Malignant Tumor	89	100	43	46	..	..	..	..	..	3	13	53	20
17. Simple Meningitis	4	8	3	1	..	2	1	3	..	..	..	1	..
17a. Cerebro-spinal Meningitis	3	4	2	1	1	..	..	1	..	2	..	..	..
18. Apoplexy, Softening of the Brain	30	11	11	19	..	..	..	..	..	1	7	12	10
19. Organic Heart Diseases	206	188	92	114	1	..	3	4	6	8	32	69	87
20. Acute Bronchitis	4	11	3	1	1	1	1	3	..	..	..	..	1
21. Chronic Bronchitis	3	3	2	1	..	.	..	..	1	..	..	1	1
22. Lobar Pneumonia	36	57	24	12	5	2	1	8	2	2	11	7	6
22a. Broncho Pneumonia	19	47	6	13	6	6	2	14	..	1	..	2	2
23. Other Respiratory Diseases	5	5	2	3	1	1	..	2	1	1	1	..	..
24. Diseases of the Stomach (Cancer excepted)	9	8	5	4	1	..	..	1	..	..	3	3	2
25. Diarrhoeal Diseases (under 5 years)	39	82	22	17	32	5	2	39	..	..	..	..	..
26. Appendicitis and Typhilitis	15	16	8	7	..	..	2	2	1	3	7	1	1
27. Hernia, Intestinal Obstruction	12	15	5	7	1	..	..	1	..	1	5	2	3
28. Cirrhosis of Liver	1	7	1	..	..	..	..	..	..	..	..	..	1
29. Bright's Disease and Nephritis	81	69	41	40	.	..	..	..	1	1	8	22	29
30. Diseases of Women (not Cancer)	13	8	..	13	..	..	..	..	..	1	5	7	..
31. Puerperal Septicaemia	3	3	..	3	..	..	..	..	..	1	2	..	..
32. Other Puerperal Diseases	9	12	..	9	..	..	..	..	..	..	9	..	..
33. Congenital Debility, and Malformations	78	69	50	28	78	..	..	78	..	..	..	..	..
34. Old Age	8	4	3	5	..	..	..	..	..	..	..	..	8
35. Violent Deaths	85	89	54	31	..	1	12	13	26	6	25	8	7
a. Sunstroke	..	3	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	77	82	47	30	..	..	13	13	25	5	20	8	6
c. Homicide	8	4	7	1	..	..	..	..	1	1	5	..	1
36. Suicide	21	11	16	5	..	..	..	..	..	3	9	6	3
*37. All other causes	185	198	94	91	19	4	..	23	12	5	28	61	56
38. Ill-defined causes	3	3	2	1	1	..	..	1	..	..	..	2	

Deaths in Institutions,	511	Mean temperature,	70.9 deg. Fahr.
Mean barometer,	29.68	Maximum temperature,	87.0 deg. Fahr.
Mean humidity,	50.6	Minimum temperature,	56.0 deg. Fahr.
Precipitation,	.29		

†If the deaths under one month, numbering 92 from all causes, be deducted from the total deaths under one year, the resulting rate will be 30. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 6, Diabetes 14, Alcoholism 1, Locomotor Ataxia 6, Paresis 3, Arterio-sclerosis 62, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JULY 2, 1921. No. 27.

PREVENT TETANUS BY USING TETANUS ANTITOXIN.

On June 9th, last, a fourteen year old boy of this city sustained what was considered an extremely trivial injury to the palm of the left hand, as a result of an explosion of a blank cartridge. Little attention was paid to the wound until a week later, when the boy complained of a severe pain in the back of the neck, and developed convulsions and other symptoms characteristic of the justly dreaded disease, tetanus. He died on June 18.

For years, the Department of Health has been bringing to the attention of the public the necessity of treating every wound inflicted by a blank cartridge or by fireworks of any description, promptly and thoroughly, with a view to immunizing the patient against tetanus. A perfectly harmless injection of tetanus anti-toxin, promptly administered in every case of the kind cited, is practically sure to prevent the disease.

The Department takes occasion on the eve of July 4th, to urge a sane celebration, eliminating all fireworks, so as to maintain the record of previous years in this city when, as a result of safe and sane celebrations, the deaths from tetanus became few and far between. Further, it urges upon the public generally, and physicians in particular, that every patient injured by fireworks should promptly receive an immunizing dose of tetanus anti-toxin. In each of the main offices of the Department a supply of tetanus anti-toxin is kept on hand for emergency, and any physician who has to treat a patient, injured by fireworks, can have tetanus anti-toxin sent to him at once by special messenger, if he reports the case by telephone to the Department headquarters. This notice, if heeded, may be the means of saving the lives of persons who, contrary to our advice, or through accident, are exposed to injury by fireworks.

TETANUS IN NEW YORK CITY.

Year.	Cases.	Deaths.	Year.	Cases.	Deaths.
1910	..	41	1916	18	23
1911	..	12	1917	19	22
1912	..	36	1918	12	22
1913	..	7	1919	21	18
1914	10	34	1920	26	21
1915	17	33	1921 (to June 18).	..	8

Digitized by Google

ANTI-TYPHOID VACCINATION FOR VACATIONISTS.

The summer, and with it the vacation season, is upon us, bringing with it the certainty that many will expose themselves to typhoid fever in out-of-town resorts. Therefore, physicians throughout the city are urged to persuade their patients to submit to immunization against typhoid fever. The vaccine may be obtained, free of charge, at the Department of Health for use by physicians, or the Department will immunize any individual, free of charge, at any of its clinics.

The value of typhoid immunization has been shown to be indisputable, and was proven by universal experience in the recent war. The history of typhoid fever in France shows that, in previous wars, the typhoid mortality was 1,120 to 2,100 out of each 100,000 soldiers. During the World War, and prior to February, 1915, immunization was not extensive nor systematic, and there were 67 cases, and 98.6 deaths per 100,000 soldiers. Later, in 1917, when immunization was generally and systematically done, there occurred only 57 cases and only 4 deaths per million of military strength.

The history of typhoid fever in Japan shows that, before vaccination became compulsory, the morbidity in the army was 800 per 100,000; and since compulsory vaccination, the morbidity was 70 per 100,000. The civilian population, shows no similar decrease in the prevalence of typhoid fever.

The history of typhoid fever in the United States shows that, in the Civil War, 50 per cent of the deaths were due to typhoid fever; in the Spanish War, 1 death from typhoid fever occurred among every 71 soldiers; in the World War, 1 death from typhoid fever occurred among every 25,641 soldiers. The civilian population, in 1917, showed 1 death from typhoid among 7,143 civilians. Therefore, improvement in sanitary conditions is not alone responsible for the continued and great reduction in typhoid fever incidence. Immunization has played a great part in producing these results.

Doctors and newspaper editors can do a great service through their co-operation in spreading this information, in eliminating the needless suffering, the economic losses, and the sacrifice of life which becomes pronounced each year because of the failure of summer vacationists to avail themselves of the three harmless injections of typhoid vaccine, given seven days apart, to prevent typhoid fever.

THE BACTERIOLOGICAL DIAGNOSIS OF HUMAN BOTULISM.

The following very interesting article by Meyer and Geiger, appeared in Public Health Reports for June 10, last:

"In the course of an analysis of a fairly large number of outbreaks of botulism in man reported during the last 10 years, it was noted that the diagnosis was frequently based on clinical symptoms only. Sometimes it was possible to demonstrate the botulism toxin or the organisms in the causative food. In numerous instances, however, the remnants of the suspected food were evidently not available or were examined by a chemist instead of a bacteriologist. From a medico-legal, and also from an epidemiological, standpoint, the diagnosis could therefore be questioned, and the statistician attempting to unravel the all-embracing diagnosis "ptomaine or food poisoning" finds little definite information in the published reports. If one recalls, moreover, that botulism can be mistaken by the inexperienced person for methyl-alcohol poisoning, encephalitis lethargica, or cerebrospinal syphilis, it is obviously important to conduct careful necropsies on such cases and to determine either by cultural or histological studies the true nature of the disease. In connection with the er procedure it must be said that the characteristic thrombi or prethrombotic

Digitized by Google

stages in the arteries and veins of the meninges and brain originally described by Ophüls may not be present, and a microscopic study alone may therefore fail to render a diagnosis. Bacteriologic studies of the tissues of fatal cases have been made in a few instances. V. Ermengem, Ornstein and Graham report the demonstration of *B. botulinus* in the spleen of fatal botulism cases. Some writers also recommend a cultural study of the intestinal contents at autopsy, but nothing is said regarding the possibility of finding *B. botulinus* in the stools of clinical cases.

"Theoretically, at least, stool examinations appear to be valuable, inasmuch as numerous observers have found this organism in the excreta of animals which ingested food spontaneously or experimentally contaminated with the poison and spores of the organism. Constipation is almost a constant manifestation of botulism and is naturally conducive to the persistence of the organism for a considerable period in the alimentary canal of man and animals. This must be particularly the case in those instances in which a bowel movement can not be procured, in spite of all medication, until the 10th or even the 16th day, as reported by Schumacher.

"These and other considerations to be discussed elsewhere prompted us to study bacteriologically some cases of botulism which came to our notice during the last 12 months. The findings thus far made are suggestive and are reported in order that other workers may amplify our observations when the occasion arises.

"Portions of the organs are ground in a mortar with sea sand and emulsified with saline. Stool specimens are diluted with saline until the formed portions are finely divided. The emulsions are placed in 250-c. c. culture flasks and heated for one hour at 60° C. They are then mixed with 100 c.c. sterile beef heart medium, which consists of one part of ground beef heart and two parts of peptic digest broth of a reaction P-h 7.4. The mixture is stratified with oil, or, better, with vaseline. The flasks, which are closed with rubber stoppers and sealed with Imperial or Major's glue, are exhausted of air as completely as possible. After incubation for from 10 to 30 days at 37° C., the centrifugalized supernatant fluid is administered, in 1- to 2-c. c. doses, to guinea pigs. The presence of *B. botulinus* toxin is definitely ascertained by a neutralization test with known type A, and B. *B. botulinus* antitoxic sera. Isolation of *B. botulinus* is accomplished by fractional heating, enrichment, and deep cultivation in liver-peptone agar. Heating of the emulsions at 60° C. for one to two hours alone insures the possibility of obtaining proper cultures, as is shown in the case reports.

REPORT OF CASES.

"*Richmond, Calif., outbreak* (Feb. 25, 1920).—*B. botulinus* type A, and *B. botulinus* type A toxin were demonstrated in a can of olive relish, responsible for one fatal case. Anaeorbic cultures from the spleen of the patient (25 grams), liver (20 grams), lung (10 grams), kidneys (9 grams), mucus from ileum (5 grams), and jejunum were negative for *B. botulinus*. The intestinal wall was not cultured.

"*Florence, Ariz., outbreak* (May, 1920).—Canned beets were suspected as the causative food. For a bacteriological examination, the spleen (weight 242 grams), a portion of the jejunum, and the brain of Ch. R., who died on May 19, 1920, were available.

"Cultures of the spleen (30 grams) and chyme (5 c.c.) of the intestinal loop demonstrated *B. welchii, B. sporogenes, and B. bifermentans.* A specimen consisting of 4 grams of macerated jejunal wall gave a culture of *B. botulinus*, type B, associated with *B. tertius, B. welchii, B. sporogenes, B. tetano morphus*, and two other unidentified anaerobes. The strain of *B. botulinus* was isolated in pure culture. The remaining portion of the intestinal wall, which had been kept in the ice chest for four weeks, had undergone autolysis and decomposition, but when cultured, *B. botulinus*, type B, was isolated. Sections of the brain revealed definite prethrombotic stages in

Digitized by Google

the blood vessels of the brain. Cultures of the brain revealed cocci and gram negative aerobic rods.

"Oakland, Calif., outbreak (October, 1920).—Canned spinach was suspected as the causative food. Available for a bacteriological study were some stool specimens collected from Miss A. R., who recovered from the disease. The responsible meal was consumed on October 14, 1920; the first symptoms were noted on the 16th; intestinal washings were obtained on October 20, and a formed stool on October 21, 1920. Six specimens of 75 c.c. each of the intestinal washings were heated for one hour at 60° C. and cultured; five contained *B. botulinus,* type A. Five specimens of 75 c. c. each were cultured in an unheated state. These cultures, on repeated tests, were negative for *B. botulinus.* Three samples of 50 grams of solid stool were emulsified in saline, heated at 60° C. for one hour and cultured. Only one sample gave a culture of *B. botulinus.* Three unheated specimens of the same sample were negative. *B. botulinus* was, therefore, present in six stool specimens collected on the sixth and seventh days, respectively, after the consumption of the causative meal.

"Grand Rapids, Mich., outbreak (January, 1921).—Canned spinach was suspected as the causative food. Through the courtesy of Dr. Merrill Wells the intestinal washing (enema)of Miss H. was collected on the eleventh day and made available on the seventeenth day after the consumption of the infected meal. One flask out of five stool specimens of 50 c.c. each, which had been heated to 60° C. and cultured, contained, on the tenth day of incubation, *B. botulinus* toxin, type A. The isolation of the organism in pure culture is in progress. Two unheated specimens were negative. *B. botulinus* was, therefore, present in a stool specimen on the eleventh day after the causative meal had been consumed.

COMMENT.

"The foregoing observations indicate that the spores of *B. botulinus,* when presumably ingested in the poisonous food, may remain in the intestinal canal and may be eliminated in the stools of typical botulism cases. Several important problems suggest themselves for immediate experimental study or investigations on human cases of this disease; the following points deserve particular consideration: (1) Determination of the average period of fecal discharge of *B. botulinus* spores in severe and mild cases of botulism; (2) quantitative estimation of the eliminated spores per 1 or 10 grams of enema or formed stool; (3) quantitative comparison of the spore content of the causative food and that of the stools; (4) testing of filtered stool suspensions, on guinea pigs, for the presence of toxin; and (5) testing for *B. botulinus* spores the stools of normal human beings who eat raw fruit or vegetables and live in districts in which the organism is quite common in the soil.

"These investigations would undoubtedly contribute information as to the possible pathogenicity of *B. botulinus* spores as suggested by Orr, Edmondson, Giltner, and Thom and others. *B. botulinus* possesses a noteworthy degree of growth adaptability, and it is possible that the spores can germinate in the paretic intestinal tube and form toxin. Some personal observations on spontaneously diseased domesticated animals justify this suggestion. It appears also of importance to know if botulism convalescents can remain "spore carriers" and, as such, assist in the progressive pollution of the earth with dangerous bacteria. The diagnostic value of the demonstration of *B. botulinus* spores can only be accepted when repeated tests on normal stool samples have demonstrated an absence of this organism. An experimental study of the problem mentioned under (5) in the preceding paragraphs is in progress. The examination of numerous sewage samples of urban and rural origin has thus far failed to give positive *B. botulinus* cultures, and we therefore feel confident that the stool test will be of practical value. However, it remains to be demonstrated as to the number of days a botulism patient is capable of discharging *B. botulinus* spores. The

Digitized by Google

observations made by Thom, Edmondson, and Giltner (8), and others on guinea pigs strengthen our belief that the spores may be demonstrated only in the fecal remnants of the causative meal. Inasmuch as the discharge of this material is quite often delayed for many days, on account of the intestinal paresis, positive findings may be recorded for two, perhaps even three, weeks.

"A quantitative estimation of the spores in the stool samples or in the causative food offers no technical difficulties. For example, in one of the recent outbreaks the spinach responsible contained *B. botulinus* spores in practically a pure state. Shake cultures and particularly those in dried liver agar gave colonies which could be readily counted.

"The finding of *B. botulinus* spores in the jejunal wall, but not in the chyme, of the particular intestinal loop mentioned may be merely accidental or may vaguely support the recently advanced, but rather fanciful, conception (9) that '*B. botulinus* when taken into the human system lodges in the digestive tract, and the toxins produced there spread over the body.' It is out intention to discuss this phase of botulism elsewhere in detail; nevertheless, the diagnostic significance should be emphasized. We had recently occasion to study, in co-operation with Dr. L. R. Vawter, of Reno, Nev., a cattle disease in which *B. botulinus* apparently exhibited invasive properties. Invariably the organism was isolated from the inflamed duodenum and jejunum, the liver, mesenteric lymph-nodes, etc.

"It is noteworthy that our two attempts to isolate *B. botulinus* from the spleen were not successful. These results may, in part, be due to the fact that post-mortem invasion was made impossible by the early removal and careful preservation of the tissues after death.

SUMMARY.

"*B. botulinus*, type B, has been isolated from the jejunal wall of a case of botulism fatal on the fifth day of the disease. Spleen cultures in two instances were negative for *B. botulinus*. Stool specimens of two clinical cases of botulism, obtained from two different outbreaks, contained *B. botulinus;* type A, on the sixth, seventh, and eleventh day, respectively, after the consumption of the causative meal. The methods of tissue and stool cultures are described. The importance of culturing the stools and tissues of all clinical cases of botulism is evident."

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 25, 1921.

For the first time since the beginning of the year, the death rate for any one week of the year 1921 went above that of any corresponding week in the year 1920. There were 1,147 deaths and a rate of 10.40 per 1,000 of the population reported, as compared with 1,026 deaths and a rate of 9.45, an increase in the absolute number of deaths of 121, and in the rate of .95, which is equivalent to a relative increase of 105 deaths. This increased mortality was due to the adverse weather conditions prevailing during the week, as compared with those of the corresponding week of 1920. The maximum temperature during the week was 95; in the corresponding week of 1920 it was 84, the mean temperature during the week was 76.7, as compared with 69 and the precipitation was .36 of an inch, as compared with 1.01 in 1920, three factors which militate against a low death rate, consequently we find an increase of 20 in the diseases of the digestive tract, 39 deaths from cancer; 34 from organic heart disease; 17 deaths from acute respiratory diseases and 6 deaths from nervous diseases.

There were 3 deaths from sunstroke, as compared with none. The mortality

Digitized by Google

from the infectious diseases was practically the same as in the corresponding week of 1920, with the exception of scarlet fever, from which 6 deaths were reported, as compared with 1; pulmonary tuberculosis showed a decrease of 11 deaths.

All age groups showed an increased mortality as an effect of the exceedingly high temperature reported during the week. There were 228 deaths of children under 5 years of age, as compared with 214, an increase of 14 deaths; between 5 and 65 years, 669 deaths, as compared with 608 deaths, an increase of 61 deaths. At ages 65 years and over, the mortality was very strongly affected, there having been 250 deaths reported, as compared with 204, an increase of 46 deaths.

The death rate for the first 26 weeks of the year, was 12.28 per 1,000 of the population, as compared with a rate of 15.66 in the corresponding period of 1920, an increase of 3.38.

From January 1st to date 75 children under 1 year of age died out of every 1,000 born, as compared with 97 children in the corresponding period of 1920, a decrease of 22 deaths out of every 1,000 children born.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks.

	Apr. 2	Apr. 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25
Total deaths	1879	1439	1388	1331	1327	1307	1256	1215	1216	1208	1070	1128	1147
Annual Death Rate	12.51	13.06	12.59	12.07	12.03	11.86	11.39	11.02	11.03	11.66	9.71	10.23	10.40
*Acute Infectious Diseases	55	56	48	52	56	44	55	48	43	42	33	35	44
Pul. Tuberculosis..	127	112	99	128	109	110	119	88	114	111	112	97	98
Influenza	10	10	15	16	14	10	9	11	6	6	4	6	8
Lobar Pneumonia.	108	91	110	78	74	78	60	69	67	60	48	36	49
Broncho Pneum...	81	82	67	79	58	52	56	49	41	38	39	19	32
**Violent Deaths ...	80	65	65	61	63	68	65	61	68	84	57	85	65
Deaths under 1 year.	179	224	182	194	208	200	172	155	161	148	139	168	150
Rates per 1,000 births	70 6	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58.2	54 7	66.1	59.2
Deaths under 5 years	278	327	274	301	298	267	249	231	231	233	204	238	228
" 5-65 years ..	819	808	800	757	718	725	721	676	714	720	629	637	669
" 65 years and over	282	304	314	278	311	315	286	308	271	255	237	253	250

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	295	249	427	278	284	264	284	243	246	214	340	239	346
Diphtheria	359	343	361	420	433	418	422	348	357	288	298	311	340
Measles	276	222	215	189	246	212	321	221	305	221	227	220	186
Scarlet Fever	386	428	396	418	344	290	303	287	309	279	245	211	209
Chickenpox	252	236	193	210	196	254	198	200	251	216	218	168	167
Influenza	142	179	176	59	57	49	26	17	23	11	12	11	3
Pneumonias	392	330	370	322	293	271	227	206	214	188	172	196	137
Typhoid Fever	10	7	7	12	12	9	10	7	12	7	10	4	16
Whooping Cough ...	78	130	142	154	170	182	169	151	168	145	186	146	180
Syphilis	266	262	285	210	238	256	192	235	195	174	202	188	223
Gonorrhoea	57	41	48	94	66	188	77	26	70	56	77	74	81
Poliomyelitis	..	2	1	..	1	1	..	..	..	2	1	1	3
Cerebro-spinal Meningitis	9	6	9	8	4	7	7	7	4	4	9	8	5
Total	2522	2435	2627	2374	2344	2301	2231	1948	2154	1800	1992	1772	1896

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, June 25, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	444	523	502	1082	1349	64	10 15	11.98	11.50
The Bronx	732,016	778,528	123	138	129	293	139	30	8.58	9.25	8.66
Brooklyn	2,022,262	2,077,674	342	385	397	880	466	37	8.75	9.67	9.72
Queens	466,811	497,627	85	69	88	200	120	11	9.27	7.23	9.28
Richmond	115,969	121,252	32	32	31	42	29	1	14.14	13.77	13.34
Total	5,621,151	5,751,859	1026	1147	1147	2447	2103	143	9.45	10.40	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-six weeks of this year there were 35,201 deaths, a rate of 12.28 per 1,000 population. During the corresponding weeks of last year there were 44,195 deaths, a rate of 15.66 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	20	89	2	2	2	19	19	19	16	8	4	21	77	119	301	103
The Bronx	2	27	..	..	..	4	4	2	2	3	..	4	11	18	92	33
Brooklyn	13	17	1	1	4	20	8	10	10	5	2	24	47	78	221	91
Queens	4	10	..	..	..	5	1	1	1	..	..	7	9	14	40	15
Richmond	..	5	..	..	..	1	..	1	1	..	..	3	6	9	15	8
Total	39	98	3	3	6	49	32	33	30	11	6	59	150	228	669	250

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births.	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	72	66.7	13	12.0	32	45	110	25.0	16	3.6	15	3.4
The Bronx	13	45 7	2	7.0	5	6	15	9.3	2	1.2	2	1.2
Brooklyn	46	49.1	4	4.3	17	30	74	16.6	10	2.2	11	2.5
Queens	13	72.1	..	..	..	9	20	18.8	1	0.9	3	2.8
Richmond	6	114.2	..	..	1	5	9	37.8	1	4.2	..	..
City of New York.	150	59.2	19	7.5	55	95	228	19.3	30	2.5	31	2.6

During the first twenty-six weeks of this year 4,929 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 6,406 died, a rate of 97. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 6-18-'21.	75	129	14	32	65	50	3	29	12	6	..	1	..	..	..	67	..	537	194	1214
Admitted	18	36	9	21	8	22	..	11	1	2	..	..	..	..	..	12	..	18	3	161
Discharged	19	27	8	18	18	14	..	3	5	1	..	..	..	..	..	16	..	12	8	149
Died	2	5	1	1	..	4	..	1	..	1	..	..	..	..	..	1	..	..	3	19
Rem'g 6-25-'21.	72	133	14	34	55	54	3	36	8	6	..	1	..	..	..	62	..	543	186	1207
Total treated	93	165	23	53	73	72	3	40	13	8	..	1	..	..	..	79	..	555	197	1375

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,147	1,026	587	560	150	34	44	228	56	78	195	340	250
1. Typhoid Fever	2	..	..	2	..	..	..	..	..	1	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	6	2	2	1	2	1	4	..	..	..	..	..
6. Scarlet Fever	6	1	1	5	..	..	3	3	2	..	1	..	..
7. Whooping Cough	8	9	2	6	6	2	..	8	..	..	..	..	..
8. Diphtheria	21	20	9	12	1	6	9	16	5	..	..	..	..
9. Influenza	3	4	2	1	1	..	..	1	1	..	..	1	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	6	7	2	4	3	..	..	3	..	..	..	3	..
13. Pulmonary Tuberculosis	98	109	64	34	..	..	1	1	..	15	46	29	7
14. Tbc. Meningitis	6	12	4	2	1	1	1	3	1	1	1	..	..
15. Other forms Tbc.	7	7	3	4	..	2	..	2	1	2	2	..	..
16. Cancer, Malignant Tumor	180	91	54	76	..	..	1	1	..	1	20	81	27
17. Simple Meningitis	2	2	2	..	1	..	..	1	1	..	..	..	..
17a. Cerebro-spinal Meningitis	3	1	..	3	..	1	1	2	1	..	..	..	.
18. Apoplexy, Softening of the Brain	23	12	6	17	2	..	1	3	..	2	5	6	7
19. Organic Heart Diseases	222	182	102	120	..	..	..	..	7	9	20	82	104
20. Acute Bronchitis	6	9	3	3	1	2	..	3	..	..	1	1	1
21. Chronic Bronchitis	2	1	1	1	1	..	..	1	..	..	..	..	1
22. Lobar Pneumonia	49	33	32	17	3	3	2	8	5	3	7	14	7
22a. Broncho Pneumonia	32	28	20	12	13	3	4	20	1	1	3	3	4
23. Other Respiratory Diseases	7	4	5	2	1	..	2	3	..	..	2	2	.
24. Diseases of the Stomach (Cancer excepted)	9	4	7	2	..	..	..	..	..	..	3	3	3
25. Diarrhoeal Diseases (under 5 years)	30	34	10	20	19	6	5	30	..	..	..	..	..
26. Appendicitis and Typhilitis	25	13	16	9	..	1	1	2	3	2	6	8	4
27. Hernia, Intestinal Obstruction	13	7	7	6	..	..	1	1	..	..	3	4	5
28. Cirrhosis of Liver	5	5	4	1	..	..	..	..	..	..	1	4	..
29. Bright's Disease and Nephritis	68	85	26	42	1	..	..	1	1	1	9	30	26
30. Diseases of Women (not Cancer)	6	7	..	6	..	..	..	..	..	1	5	..	..
31. Puerperal Septicaemia	3	3	..	3	..	..	..	..	..	2	1	..	..
32. Other Puerperal Diseases	9	9	..	9	..	..	..	..	..	2	7	..	..
33. Congenital Debility, and Malformations	75	63	49	26	71	3	1	75	..	..	..	..	..
34. Old Age	4	2	1	3	..	..	..	..	..	..	..	..	4
35. Violent Deaths	65	66	47	18	..	1	6	7	17	12	18	8	3
a. Sunstroke	3	..	2	1	..	..	..	..	..	..	2	1	..
b. Other Accidents	56	61	42	14	..	1	6	7	17	10	13	6	3
c. Homicide	6	5	3	3	..	..	..	..	..	2	3	1	..
36. Suicide	11	15	8	3	..	..	..	..	1	2	..	5	3
*37. All other causes	180	174	95	85	24	1	3	28	9	14	30	55	44
38. Ill-defined causes	7	2	3	4	..	..	1	1	..	2	3	1	..

Deaths in Institutions,	523	Mean temperature,	76.7 deg. Fahr.
Mean barometer,	29.75	Maximum temperature,	95.0 deg. Fahr.
Mean humidity,	54.3	Minimum temperature,	56.0 deg. Fahr.
Precipitation,	.36		

†If the deaths under one month, numbering 82 from all causes, be deducted from the total deaths under one year, the resulting rate will be 27. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 8, Diabetes 18, Alcoholism 0, Locomotor Ataxia 4, Paresis 4, Arterio-sclerosis 44, all other congenital causes 13.

25a-2022-21-0

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JULY 9, 1921. No. 28.

MORTALITY OF THE LARGE CITIES OF THE UNITED STATES FOR 1920.

The following table gives the vital statistics of twenty of the largest cities in the country, during the year 1920; the smallest city being that of Denver with a population of 356,000, and the largest the City of New York with a population of 5,664,000.

Crude Death Rates.

Before discussing the death rates from all causes in the cities given in the table it might be worth while to consider the limitations of the crude death rate. The crude death rate of a given community depends upon a number of factors or conditions which are often widely at variance with similar factors and conditions in other communities. One of the most important factors affecting the crude death rate is the age grouping of the population, and one can readily understand that at both extremes of life the death rate is much greater than during the intervening period. A community which has a less than normal proportion of children and of old people would enjoy an exceedingly low death rate, by reason of the greater part of its inhabitants living at ages at which the death rate is exceedingly low. This is very evident in some of the "boom" cities of the West, as well as some of the similar cities of Australia, and of other recently settled countries. It is not unusual to find some of the so-called "new" cities with a death rate of 8 or 9 per 1,000 of the population, with a minimum of preventive public health activities in operation.

It is also noteworthy that sex plays an important part in determining the crude death rate; the death rate among females, at all age groups except one, is considerably below that among males, so that it is readily understood that a disproportion of females in a community would tend toward a low death rate. The presence of institutions has also an influence upon the death rate, unless provision is made for proper correction. Cities possessing ideal climatic conditions, as a rule, will show a higher death rate than those cities not so fortunately situated; Denver, Col., for instance, shows an exceedingly high rate of 17.47 per 1,000 of the population, as compared with a rate of 10.18 in St. Paul, or a rate of 12.93 in the City of New York. One can readily understand that a city which attracts the ill or the desperately sick will have a much in-

Digitized by Google

creased death rate, due to this cause. This is apparent when we compare the high death rate from pulmonary tuberculosis of 281 per 100,000 of the population in the City of Denver, and that of 83 in the City of Chicago, or of 109 in the City of New York. The City of Los Angeles is somewhat affected by the same influences as that of Denver which has the unmerited distinction of having the second highest death rate from tuberculosis of the lungs, as shown in the accompanying table.

The crude death rate of a city or country, however, is an accurate index in comparing the health experience of the present with that of the past, and, consequently, is much used for this purpose. The city showing the lowest death rate in the table is that of St. Paul, Minn.; the next lowest being Portland, Ore.; then follow Milwaukee; Rochester; Minneapolis; and so on. Of the large Eastern cities with a population over 500,000, New York has the lowest death rate, of 12.93 per 1,000. Buffalo comes next with a rate of 13.93; Philadelphia, 14.43; Boston, 15.44; Pittsburgh, 16.35. The death rate in each of these five cities is fairly comparable with that of the others, as all are old cities with an approximately similar age grouping of the populations.

Infant Mortality.

The infant mortality, based upon 1,000 births reported, reflects to some extent the health activities in a community. Portland, Ore., has the extremely low infant mortality of 60 dying under one year of age out of every 1,000 born. Minneapolis comes next, with a death rate of 65; San Francisco with a death rate of 67, and Los Angeles with one of 71. These figures are so extremely low that one is tempted to question the accuracy and the completeness of the death records of children under 1 year of age. This has been a more or less fruitful field of discussion in vital statistics for some time, and it has been discovered in in the past that deaths of infants shortly after birth or within the first few days after birth have not been entered in the death columns, but have been entered as stillbirths. Of course, this practice was denounced by all conscientious vital statisticians, and it is hoped that this disturbing element is not prevalent at the present time.

The low infant death rate of the three largest cities of the country is rather remarkable—New York with one of 85, Chicago with one of 86, and Philadelphia with one of 89—all rates which are exceedingly low, compared with similar rates of ten years ago.

Typhoid Fever.

Washington, D. C., has the unenviable distinction of having the highest death rate from typhoid fever, one of 7 per 100,000 of the population; followed closely by Indianapolis, with a rate of 6; Denver, 5; Pittsburgh, 5; Buffalo, 5; Chicago. Boston and Rochester show the extremely low death rate of 1 per 100,000; the City of New York one of 2 per 100,000.

Measles.

Cincinnati has the highest rate—18 per 100,000; Pittsburgh, 17; St. Louis. 15; New York City, 13; Newark, 12; Rochester, 10; Washington, D. C., had the lowest rate of all the cities, less than 1 per 100,000.

Scarlet Fever.

Rochester and Boston had the highest rate, 9 per 100,000; Cincinnati and Cleveland, rates of 8; Minneapolis, 7; Philadelphia, Chicago and Milwaukee, 6; St. Paul, 5; New York and Buffalo, 4.

Whooping Cough.

Whooping cough seems to have been especially prevalent in Boston, with a rate of 21 per 100,000; Denver, 17; Newark, and Pittsburgh, 13; Minneapolis. 12.

Digitized by Google

Diphtheria and Croup.

The mortality from this cause presents wide variations which are difficult to account for. Theoretically, the use of antitoxin should be followed by a low death rate from this cause, and it is rather inconclusive to find rates of 57 and 34 per 100,000 prevailing, respectively, in Buffalo and St. Louis, as compared with rates of 8 and 6, respectively, in Minneapolis and Portland. The 3 largest cities of the country, New York, Chicago and Philadelphia, showed rates, respectively, of 18, 23, and 23.

Poliomyelitis.

Acute anterior poliomyelitis prevailed in Boston and Cincinnati to a considerable extent, as compared with nearly all the other cities in the table. Some had no mortality at all from this cause, and quite a number of the remaining cities showed a rate of less than 1 per 100,000.

Influenza and Other Acute Respiratory Infections.

The grouping of the deaths from influenza, acute bronchitis, lobar- and broncho-pneumonia, show an extremely high mortality in the City of Pittsburgh, of 486 per 100,000 of the population, which contrasts strongly with the low rate of 129, in Los Angeles. Between these two extremes we have the high rate of 333, in Denver; and the more moderate rates of 289, in St. Louis; 279, in Washington; 269, in Philadelphia; 259, in Newark; 257, in Boston; 254, in New York City; 248, in Indianapolis; 244, in Milwaukee; 232, in Chicago; 229, in Cleveland; 225, in San Francisco. Rochester had the very low rate of 144; Portland, 158; and St. Paul, 164.

Encephalitis Lethargica.

Portland showed a rate of 7 per 100,000; Rochester, Philadelphia, and New York, 5 per 100,000. In Buffalo, Indianapolis, St. Paul, and Denver, no deaths were reported therefrom.

Pulmonary Tuberculosis.

Denver heads the list, with a death rate of 281 per 100,000; Los Angeles next, with a rate of 154. It is not surprising that these two cities should head the list, as regards mortality from this cause, by reason of the well known fact that thousands of persons take up their abode in these cities, famous for the more or less ideal climatic conditions favorable to the cure or the abortion of this disease. Portland, Oregon, showed an extremely low rate of 54 per 100,000—that is 1/5 of the mortality as found in Denver. Rochester had the extremely low rate of 64; closely followed by Milwaukee, with a rate of 70; and St. Paul, with a rate of 71. The 3 largest cities of the country, Chicago, New York and Philadelphia, showed rates of 83, 109, and 121, respectively. The rate for the City of Boston was the same as that for New York City.

Cancer and Sarcoma.

San Francisco showed a rate of 145 per 100,000; Cincinnati, 132; Boston, 129; Los Angeles, 128; Minneapolis, 116; Rochester, 114; St. Louis, 109; Indianapolis, 99; Philadelphia and St. Paul, 98; Buffalo, 96; Washington, 95; New York and Chicago, 94; Portland had the lowest rate, 79.

Birth Rates.

The highest birth rate among the 20 cities was found in Newark, with a rate of 28.10 per 1,000 of the population. Boston was second with a rate of 25.95; Buffalo, 25.61; Pittsburgh, 24.86; Cleveland, 24.51; Chicago, 24.30; Minneapolis, 23.88; Milwaukee, 23.74; Philadelphia, 23.69; New York, 23.45. The lowest birth rate was in St. Paul, Minn., 17.82.

Digitized by Google

Comparative Mortality of Various Cities of Over 250,000 Population During the Year 1920.

Cities	Est. Pop.	Total Deaths	Death Rate	Total Births	Birth Rate	Total Still Births	Still Birth Rate	Total Deaths Under 1 Yr.	Death Rate Under 1 Yr. per 1000 Births	Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Acute Anterior Poliomyelitis Epidemic	Cerebro-spinal Meningitis	Influenza	Encephalitis Lethargica	Pulmonary Tuberculosis	Others forms of Tuberculosis	Cancer and Sarcoma	Bronchitis	Lobar Pneumonia	Broncho Pneumonia	
	RATE PER 1,000 POPULATION									DEATH RATE PER 100,000 POPULATION															
Denver, Col.	256791	4,480	17.47	4,761	18.56	191	.74	460	97.	5	8	3	17	23	*	*	46	..	281	85	107	10	152	125	333
Portland, Ore.	285000	3,193	11.20	5,247	18.41	191	.67	316	60.	3	4	1	7	6	..	2	48	7	54	21	79	4	63	43	158
St. Paul, Minn. ...	290000	2,953	10.18	5,167	17.82	182	.63	377	73.	2	4	5	9	20	*	2	75	..	71	18	98	4	53	32	164
Rochester, N. Y. ..	295000	3,611	12.24	6,720	22.78	246	.83	569	85.	1	10	9	7	28	*	1	33	5	64	12	114	11	51	49	144
Indianapolis, Ind. .	314194	4,637	14.76	6,728	21.42	251	.80	619	92.	6	7	4	9	8	*	2	62	..	107	25	99	*	†186	..	248
Minneapolis, Minn.	384571	4,173	12.26	9,181	23.88	317	.82	598	65.	3	6	7	12	12	1	2	104	3	92	17	116	6	50	38	198
Cincinnati, O.	403418	6,074	15.06	7,786	19.30	384	.95	639	82.	3	18	8	6	13	5	1	72	1	136	25	132	19	70	47	208
Newark, N. J.	414216	5,551	13.29	11,734	28.10	448	1.07	994	85.	2	12	3	13	15	2	4	53	4	113	17	88	25	109	72	259
Washington, D. C..	437571	6,463	14.77	8,898	20.34	538	1.23	801	90.	7	*	2	4	15	*	*	64	3	112	18	95	17	96	102	279
Milwaukee, Wis. ..	457147	5,395	11.80	10,863	23.74	356	.78	972	89.	2	4	6	12	26	*	4	24	4	70	15	84	17	109	94	244
Buffalo, N. Y. ...	519608	7,240	13.93	13,304	25.61	543	1.04	1,268	95	5	8	4	9	57	..	..	49	..	88	14	96	19	73	63	204
San Francisco, Cal.	520546	7,243	13.91	9,044	17.37	377	.72	606	67.	3	5	2	5	15	*	3	91	2	107	21	145	6	56	72	225
Pittsburgh, Pa. ...	591033	9,684	16.35	14,694	24.86	814	1.38	1,619	110	5	17	3	13	20	..	2	86	2	95	24	87	20	230	150	486
Los Angeles, Cal..	600000	8,273	13.79	11,652	19.42	363	.60	825	71.	2	3	1	5	10	*	1	38	*	154	21	128	3	40	48	129
Boston, Mass. ...	751251	11,601	15.44	19,494	25.95	657	.87	1,966	102.	1	9	9	21	19	6	4	64	2	109	18	129	12	89	92	257
St. Louis, Mo. ...	772897	10,955	14.17	15,099	19.54	793	1.03	1,156	77	3	15	3	4	34	1	1	66	2	105	15	109	11	103	109	289
Cleveland, O.	808268	9,997	12.37	19,804	24.51	541	.67	1,702	86.	3	9	3	9	16	*	1	67	2	90	18	82	18	69	75	229
Philadelphia, Pa. .	1837024	26,516	14.43	43,546	23.69	2,079	1.13	3,857	89.	3	9	6	5	23	*	1	46	5	121	16	98	21	107	95	269
Chicago, Ill.	2728922	34,841	12.77	66,290	24.30	2,347	.86	5,674	86.	1	3	6	5	23	*	1	75	2	83	14	94	17	78	62	232
New York, N. Y...	5663980	73,249	12.93	132,856	23.45	6,234	1.10	11,340	85.	2	13	4	11	18	*	2	62	5	109	17	94	14	92	86	254

* Less than one

† Pneumonias combined.

Digitized by Google

DEATH OF DOCTOR WILLIAM T. JENKINS, FORMER HEALTH COMMISSIONER.

Dr. William T. Jenkins, died June 25, last, in the Hahnemann Hospital. Until a year and a half ago Doctor Jenkins had been living at St. George, Staten Island. Since then, as sanitation expert at Randalls Island, he had made his home at the staff house there.

Doctor Jenkins was born in Holly Springs, Miss., in 1855, was graduated from the University of Mississippi, in 1877, and from the Medical School of the University of Virginia, the following year, afterward doing hospital work in this city. He entered practice here, in 1887. Governor Flower appointed him Health Officer of the Port, in 1892, and his successful fight to prevent the spread of cholera during the early part of his four-year tenure of office won him resolutions of praise from health associations in the United States, Canada and Mexico.

Mayor Van Wyck appointed him one of the then three Health Commissioners of the City, in 1898, and later, Theodore Roosevelt made him a member of the State Board of Health.

For many years Doctor Jenkins was a coroner's physician in this City and as such, won eminence for pathological diagnosis. In this work he was intimately associated with Dr. Edward G. Janeway.

Doctor Jenkins was buried from St. John's Episcopal Church, Rosebank, on June 28. The Department of Health was represented by Dr. Frank J. Monaghan, Deputy Commissioner, and Dr. William H. Guilfoy, Registrar of Records.

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 2, 1921.

Notwithstanding the warm and humid weather that prevailed duirng the week the City enjoyed a remarkably low death rate, to wit 9.72. The total deaths reported during the week were 1,072.

There were 10 deaths reported from sunstroke during the week, as compared with 1 during the corresponding week of last year. The deaths from the diarrhoeal diseases among infants showed but a slight increase over the mortality from the same cause during the week ending July 3, 1920; 42 deaths were reported during the past week, as compared with 33 during the corresponding week of 1920. The mortality of diseases of the heart showed a slight increase during the past week, which was offset by a decrease in the mortality from Bright's disease; 30 deaths were reported from the acute infectious diseases, as compared with 34 during the week ending July 3, 1920. The mortality from pulmonary tuberculosis rose from 68 during the previous week of this year to 104 and exceeded the mortality from this cause during the corresponding week of last year by 2. This sudden increase in the mortality from tuberculosis is no doubt attributable to the excessively warm weather, which hastens the end of those sufferers who were in the final stages of the disease; 68 deaths were reported from all classes of accidents, the largest number being due to street accidents, which caused 21 deaths; the next largest from drowning, 16; the next cause in point of numerical importance being deaths resulting from falls, 13.

The general death rate for the first 27 weeks of 1921 was 12.18, as compared with 13.43 during the corresponding period of last year. The accumulative infant mortality rate for 1921 is 75, as compared with 95 for 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

HEALTH.—Newark, N. J., Education, Board of. Syllabus on health for public schools of Newark, N. J., Grades 1-6. 1920. 56 p. **614.N6s**

MATERNITY WELFARE.—Brown, D. K. The maternity bill [Sheppard-Towner]. (Survey, June 18, 1921. pp. 399-400.)

MEDICINE.—Barker, L. F. The future of medicine in America. (N. Y. State J. M., June, 1921. pp. 189-194.)

MENTAL HYGIENE.—Clark, L. P. A psychological study of some mental defects in the normal dull adolescent. (Med. Rec., June 11, 1921. pp. 991-996.)

NURSING.—Stewart, I. M. Which way are we going in nursing? (Survey, June 18, 1921. pp. 409-410.)

ORAL HYGIENE.—Wheatley, James. Dental caries and sweets. (Med. Officer, May 7, 1921. pp. 199-200, tables.)

PHYSICAL TRAINING.—Caulkins, E. D. Universal physical education for children. (American City, June, 1921. p. 587.)

TEETH.—Thompson, W. G. The teeth and systemic disease. (Med. Rec., June 4, 1921. pp. 945-948.)

TUBERCULOSIS.—Newsholme, Arthur. The pre-school child and tuberculosis. (Mother and Child, May, 1921. pp. 222-223. illus.)

TUBERCULOSIS.—Newsholme, Arthur. Retrospect and outlook on the tuberculosis problem. (Med. Officer, May 14, 1921. pp. 209-211.)

TUBERCULOSIS.—Rhode Island Tuberculosis Association. The tuberculosis problem in Rhode Island; a survey conducted for the Association, by C. E.-A. Winslow, assisted by Willis E. Chandler. 1920. 81 p. **614.542R4**

WASSERMANN REACTION.—Boyd, J. S. K. The Wassermann reaction; results of two methods compared. (Royal Army Medical Corps. Jour., May, 1921. pp. 344-350, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks

	Apr 9	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25	July 2
Total deaths	1439	1388	1331	1327	1307	1256	1215	1216	1208	1070	1128	1147	1072
Annual Death Rate	13.06	12 59	12.07	12.03	11.86	11.39	11.02	11 03	11.66	9.71	10 23	10.40	9.72
*Acute Infectious Diseases	56	48	52	56	44	55	48	43	42	33	35	44	33
Pul. Tuberculosis.	112	99	128	109	110	119	88	114	111	112	97	98	104
Influenza	10	15	16	14	10	9	11	6	6	4	6	3	1
Lobar Pneumonia	91	110	78	74	78	60	69	67	60	48	36	49	37
Broncho Pneum...	82	67	79	58	52	56	49	41	38	39	19	32	27
**Violent Deaths ..	65	65	61	68	68	65	61	68	84	57	85	65	52
Deaths under 1 year.	224	182	194	208	200	172	155	161	148	139	168	150	183
Rates per 1,000 births	88.2	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58 2	54 7	66.1	59.2	72 1
Deaths under 5 years	327	274	301	298	267	249	231	231	233	204	238	228	244
" 5-65 years ..	808	800	757	718	725	721	676	714	720	629	637	669	600
" 65 years and over	304	314	273	311	315	286	309	271	25	237	253	250	228

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Disease*

Tuberculosis	249	427	278	284	264	284	243	246	214	340	239	346	268
Diphtheria	343	361	420	433	418	422	348	357	288	293	311	340	254
Measles	222	215	189	246	212	321	221	305	221	227	220	186	159
Scarlet Fever	428	396	418	344	290	308	287	309	279	245	211	209	104
Chickenpox	236	193	210	196	254	193	200	251	216	218	168	167	122
Influenza	179	176	59	57	49	26	17	23	11	12	11	3	5
Pneumonias	330	370	322	298	271	227	206	214	183	172	196	137	128
Typhoid Fever	7	7	12	12	9	10	7	12	7	10	4	16	16
Whooping Cough ...	130	142	154	170	132	169	151	164	145	196	146	180	102
Syphilis	262	285	210	238	256	192	235	195	174	202	188	223	203
Gonorrhoea	41	48	94	66	138	77	26	70	56	77	74	81	82
Poliomyelitis	2	1	..	1	1	..	..	..	2	1	1	3	4
Cerebro-spinal Meningitis	6	9	8	4	7	7	7	4	4	9	8	5	7
Total	2435	2627	2374	2344	2301	2231	1948	2154	1800	1992	1772	1896	1464

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, July 2, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	455	503	485	1018	1031	55	10 40	11 53	11.11
The Bronx	732,016	779,528	110	127	131	324	230	13	7.68	8.51	8.78
Brooklyn	2,022,262	2,077,674	361	322	332	890	652	44	9 24	8.09	8.34
Queens	466,811	497,627	76	79	87	198	89	9	8.29	8.28	9.12
Richmond	115,969	121,252	12	41	37	62	35	2	14.14	17.64	15 92
Total	5,621,161	5,751,859	1034	1072	1072	2492	2037	123	9 53	9.72	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-seven weeks of this year there were 36,273 deaths, a rate of 12.18 per 1,000 population. During the corresponding weeks of last year there were 45,229 deaths, a rate of 15.43 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	18	38	8	..	2	21	12	17	16	6	1	42	91	125	279	99
The Bronx	4	29	..	..	..	4	5	2	2	..	..	5	12	20	76	31
Brooklyn	3	20	..	1	3	10	8	23	22	4	3	18	65	79	171	72
Queens	2	10	..	..	..	2	1	1	1	1	..	7	11	15	49	15
Richmond		7	..	..	..	..	1	2	1	..	..	6	4	5	25	11
Total	27	104	8	1	5	37	27	45	42	11	4	78	183	244	600	228

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	88	81 6	18	12 0	6	7	119	27.0	15	3.4	15	3.4
The Bronx	15	52 6	2	7.0		2	25	15.5	2	1.2	3	1.9
Brooklyn	63	67 0	17	18.1	5	13	77	17 2	22	4 9		
Queens	13	72 0	1	5 5			19	17 9	2	1 9	3	2.8
Richmond	4	75 7	1	1 9	1		4	16 8	1	4.2		..
City of New York.	183	72 1	34	13.4	12	22	244	20.7	42	3.6	21	1.8

During the first twenty-seven weeks of this year 5,112 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 6,557 died, a rate of 95. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Santor.	Riverside Hospital	Grand Total
Rem'g 6-25-'21.	72	133	14	34	55	54	8	36	8	6	..	1	..	..	..	66	..	543	186	1211
Admitted	15	28	10	14	10	13	..	9	2	2	..	..	..	..	..	17	..	14	2	186
Discharged	18	33	11	20	10	10	2	4	..	..	..	..	..	..	..	10	..	15	8	148
Died	1	8	3		1	2	..	..	..	..	..	..	..	..	..	..	..	..	2	12
Rem'g 7-2-'21.	68	125	10	28	54	55	1	41	8	8	..	1	..	..	..	73	..	542	178	1192
Total treated	87	161	24	48	65	67	3	45	10	8	..	1	..	..	..	83	..	557	188	1347

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,072	1,084	561	511	133	26	35	244	47	53	194	96	228
1. Typhoid Fever	3	2	3	..	..	..	..			1	1	1	
2. Malarial Fever	..	..	..	..	..	..	..						
5. Measles	8	5	5	3	2	2	4	8	..	..	..		
6. Scarlet Fever	4	2	2	2	1	1	2	4	..	..	..		..
7. Whooping Cough	3	12	1	2	1	2		3			..		..
8. Diphtheria	12	18	8	4	1	1	4	6	6	..	..	..	..
9. Influenza	1	3	1	..	..	..	1	1	..	..	..	..	..
Poliomyelitis	1	..	..	1	..	..	..	..	1	..	..	..	..
12. Other Epidemic Diseases	1	5	1	..	..	..	..	..	..	..	..	..	1
13. Pulmonary Tuberculosis	104	102	63	41	2	..	2	4	..	15	56	25	4
14. Tbc. Meningitis	8	8	6	2	3	1	2	6	2	..	..	..	
15. Other forms Tbc.	5	18	3	2	1	..	..	1	..	1	3	..	
16. Cancer, Malignant Tumor	96	92	45	51	1	..	..	1	1	..	16	52	26
17. Simple Meningitis	1	4	..	1	..	..	..	..	..	..	1	..	
17a. Cerebro-spinal Meningitis	3	..	2	1	2	..	1	3	..	..	..	..	
18. Apoplexy, Softening of the Brain	13	11	5	8	..	..	..	..	..	1	..	6	6
19. Organic Heart Diseases	184	159	81	103	..	..	..	..	5	2	16	81	80
20. Acute Bronchitis	5	5	3	2	4	..	..	4		..	..	1	
21. Chronic Bronchitis	1	..	1	..	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	37	26	19	18	5	1	2	8	1	1	6	12	9
22a. Broncho Pneumonia	27	40	16	11	10	4	2	16	3	..	2	3	3
23. Other Respiratory Diseases	3	3	3	..	..	1		1	..		..	2	
24. Diseases of the Stomach (Cancer excepted)	4	8	4		1	..	..	1	1	..	1	1	
25. Diarrhoeal Diseases (under 5 years)	42	33	27	15	34	5	3	42	..	..		..	
26. Appendicitis and Typhilitis	21	15	7	14	..	1	..	1	3	5	9	3	..
27. Hernia, Intestinal Obstruction	15	11	9	6	1	..	..	1	1	1	4	3	5
28. Cirrhosis of Liver	7	9	2	5	..		..	..	..	1		3	3
29. Bright's Disease and Nephritis	69	90	36	33	..	..	1	1	1	1	12	25	29
30. Diseases of Women (not Cancer)	10	7	..	10	..	..	.	..		..	7	2	1
31. Puerperal Septicaemia	..	5	..	..	..	..	..	..		..	..	..	..
32. Other Puerperal Diseases	8	14		8	..	..	..			..	8		..
33. Congenital Debility, and Malformations	86	49	45	41	85	1	..	86	.			..	..
34. Old Age	5	2	2	3								..	5
35. Violent Deaths	82	76	61	21	1	5	6	12	13	11	22	16	8
a. Sunstroke	10	1	6	4	..	1	..	1			4	3	2
b. Other Accidents	68	72	52	16	1	4	6	11	13	10	15	13	6
c. Homicide	4	3	3	1	..	..	..	..	.	1	3	..	..
36. Suicide	11	15	10	1						1	7	2	1
*37. All other causes	187	186	87	100	28	1	5	34	9	12	21	65	46
38. Ill-defined causes	5	4	3	2	..	..	..	..		..	2	3	..

Deaths in Institutions,	511	Mean temperature,	71.9 deg. Fahr.
Mean barometer,	29.71	Maximum temperature,	89.0 deg. Fahr.
Mean humidity,	81.3	Minimum temperature,	62.0 deg. Fahr.
Precipitation,	2.01		

†If the deaths under one month, numbering 98 from all causes, be deducted from the total deaths under one year, the resulting rate will be 33 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 7, Diabetes 14, Alcoholism 2, Locomotor Ataxia 0, Paresis 7, Arterio-sclerosis 47, all other congenital causes 20.

25a-2022-21-0

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JULY 16, 1921. No. 29.

ENFORCING THE MUZZLING OF DOGS TO PREVENT RABIES.

The dog owners of this city have been constantly urged by the Department of Health to co-operate with it in preventing rabies in human beings, and also in dogs, by keeping their pets properly muzzled whenever they are at large.

Although the requirements of the law are generally known, a great many owners of dogs neglect to comply and, as a consequence, are responsible for the continued menace from rabies which confronts our citizens. In order to convince such persons that this law must be obeyed, policemen of the Sanitary Squad, attached to the service of the Department, have been doing most effective work recently, as will be seen from the following table, which shows a total, for the past month of June, of 529 arrests of owners of dogs for violating Section 19 of the Sanitary Code, by failing to muzzle their dogs at all or by not using a muzzle of effective design. A total of $620 in fines was exacted from the 529 persons arrested, the purpose of the fines being to serve as a warning against future violation of this section of the Code:

ARRESTS AND FINES UNDER MUZZLING LAW.

Borough	Arrests	Fines
Manhattan	20	$28
Bronx	163	253
Brooklyn	52	40
Queens	120	128
Richmond	174	171
Totals	529	$620

INTENSIVE STUDY AND FOLLOW-UP OF RICKETS.

For the purpose of formulating a program for a study to be conducted by the Bureau of Child Hygiene of the Department of Health and the Association for Improving the Condition of the Poor, to prevent rickets in the Mulberry Health Center, located in the Italian District, Broadway, the Bowery, Canal and Houston Streets, Borough of Manhattan, a special committee recently met in the office of the Director of the Bureau of Child Hygiene, consisting of Prof. H. C. Sherman, Prof. Mary S. Rose, Prof. Graham Lusk, Dr. Alfred F. Hess, Dr. Chas. Hendee Smith, Dr. Louis C. Schroeder, Dr. J. M. Blumenthal, Mr. Bailey B. Burritt, Mr. John C. Gebhart, and Dr. Jacob Sobel.

Digitized by Google

The aims and purposes of this study are, first, to ascertain the prevalence of rickets among the children born of Italian parentage, in those nursed exclusively and in those fed artificially; second, to prevent it by various measures, such as the use of cod-liver oil, sunlight and fresh air, diet, hygiene, etc., third, by the use of cod liver oil to cure the condition after it has appeared.

The subject was discussed in great detail and from various angles. Preliminary to conducting the study it was deemed advisable to make a survey of the babies enrolled at the two Baby Health Stations in this district, 197 Hester Street, 244 Mulberry Street, as well as in other Baby Health Stations in which the clientele was predominantly Italian. Special forms have been prepared for this study. The work will be conducted conjointly by the Bureau of Child Hygiene and the Association for Improving the Condition of the Poor, the former conducting the work at the Baby Health Stations—examining the children, giving necessary advice, etc.—and the follow-up visits at home being conducted by the fourteen nurses, of the Association for Improving the Condition of the Poor, now assigned to this district. As a result of the conference, a sub-committee was appointed to formulate further plans, and to determine the time at which this study will be begun and the period during which it will be continued.

REGULATION OF USE OF NARCOTICS.

The House of Delegates of the American Medical Association, at its annual meeting in Boston during the week of June 6th, 1921, adopted the report of a special committee on narcotic drugs. The report reaffirms the condemnation of the ambulatory treatment of drug addicts expressed by the Association at its 1920 meeting, and urges both Federal and State governments to use their full powers to put an end to such methods of treatment, whether by private physicians or in the so-called "narcotic clinics."

It commends the Harrison Law, and urges not only that more money and energy be devoted to its enforcement, but also that it be supported by state narcotic laws. A summary of the principles upon which state laws should be founded is included in the report. Among these principles are the following: No unnecessary duplication of records or other requirements; a minimum of administrative regulations; definite prohibition of the ambulatory treatment; unauthorized possession of narcotics to be "prima facie" evidence of violation; commitment and institutional care and treatment of addicts; vesting of plenary powers in state departments of health, analogous to their powers in the control of communicable diseases; revocation of licenses of physicians and other professional persons violating the law, as well as criminal penalties.

Other interesting features of the report were recommendations that apomorphine and codeine be exempted from some of the restrictions applied to other opiate drugs; that a special narcotic unit be created in the Bureau of Internal Revenue; that the federal narcotic registration fee for physicians be reduced to one dollar; that suggested legal limitation of the supply of narcotic drugs be opposed; and that state and county medical societies aid in bringing to justice professional violators of federal and state narcotic laws.

LEGAL LIABILITY FOR TRANSMITTING INFECTION.

Personal responsibility for the transmission of venereal diseases has now been upheld in several different phases by both civil and criminal courts, says the U. S. Public Health Service. In Oklahoma a man has been sentenced to five years in the penitentiary for infecting a girl with syphilis. In Nebraska the

Digitized by Google

court upheld a doctor who warned a hotel keeper that one of his patients, a guest at the hotel, had syphilis and had refused treatment and was consequently a menace to the public health. In North Carolina a woman has been awarded $10,000 damages against her husband for a similar infection and the Supreme Court has upheld the judgment.

The Nebraska case is important because it asserts that a physician's duty to protect the public health may, under certain circumstance, transcend his duty to hold his patient's confidence inviolable. The North Carolina case is also important because it sets aside in this particular case the legal barrier that prevents a wife from testifying against her husband and bringing suit against him.

All three cases are valuable in counteracting incorrect statements, often made, that the venereal disease law falls almost exclusively on women and lets men go free. State laws, of course, govern in all such cases, but the fact that every State in the Union has now adopted many if not all of the veneral-disease laws, gives ground for expecting similar action in other States. Certainly the wide dissemination of the three decisions should go far to curb diseased persons who deliberately expose others to infection.

Curiously enough the District of Columbia is the only part of continental United States that has no venereal disease laws. Congress, which makes the laws for the District, has not yet acted.

The fact that the North Carolina decision makes it likely that marriage will henceforth be no adequate defense against a suit for transmitting infection will probably hasten the adoption by the States of laws requiring every applicant for a marriage license to present a certificate by a reputable doctor certifying that he is free from venereal disease and providing that without this no license shall be issued.

Twenty States have already adopted laws forbidding persons with venereal disease to marry, seven of these—New Hampshire, New Jersey, North Carolina, Oregon, Washington, and West Virginia—having acted during the present year's sessions. A similar bill is now pending in Florida.

All of the twenty States do not require medical examination and certification that the applicant is free from venereal disease. "Such a certificate should be required in every State," insists the Public Health Service. "Any decent man with an uncured infection who marries does so either because he does not realize the seriousness of his action or because he believes that he is cured. The necessity for an examination should bring its seriousness home to him and should be welcomed by him as a protection for his wife and children. No real man should object to a medical examination required by law.

EXAMINATION OF FOOD HANDLERS.

The private physicians who, under special authorization of the Department of Health, have examined food handlers, in order to certify to their freedom from communicable disease, in accordance with Section 146 of the Sanitary Code, will be interested in the revision of the examination report which they are required to submit to the Bureau of Preventable Diseases. The changes in this form, it is hoped, will eliminate all elements of confusion that heretofore existed owing to the wording of the old examination card. A scrutiny of this form, given below, will show that the answers required to the questions are obvious.

Whenever evidence of communicable disease is found, the patient examined must be referred to the Occupational Clinic in the borough in which he resides.

Physicians who make these examinations will do well to give careful heed to the changes in the form, and to supply themselves with new cards by application to the

Digitized by Google

Occupational Clinic in the borough in which they reside, whenever they recive applications to make a food handler examination. Cards are supplied only when a physician has been requested to make such an examination, and when he so certifies to the Occupational Clinic.

NEW FORM TO RECORD FINDINGS OF EXAMINATION.

(Face)

EXAMINATION OF FOODHANDLER No.....

Name.....Age.....Male—Female Nativity.....

Address .....Borough .....

Where Employed ..... Addr..... Bor.....

Place Check (V) YES or NO for each of the following Disease Conditions

LUNGS

Tuberculosis: Active Yes .... No .... Inactive Yes .... No ....
Specify Signs of Other Lung Diseases .....
If Signs of Tuberculosis Exist Send Applicant to Clinic for Sputum Examination and for Decision as to permit to work.

VENEREAL DISEASES

Syphilis-Chancre Yes .... No .... Mucus Patches Yes .... No ....
Skin Lesions Yes .... No. .... Cardiac Lues Yes .... No ....
Cerebro Spinal Lues Yes .... No ....
If Active Signs Are Present Send Applicant to Clinic .
Has Wassermann Been Taken If Inactive Syphilis Exist Yes ... No ...
Encircle Result—Negative 1 Plus 2 Plus 3 Plus 4 Plus
Gonorrhoea-Acute Yes .... No .... Chronic Yes .... No ....
Chancroid Yes .... No ....
If Acute Gonorrhoea or Chancroid Exist Send Applicant to Clinic
If Chronic Gonorrhoea Exist Has Urethral Smear Been Taken
Yes .... No .... Result—Positive Negative (OVER)

(Reverse)

TYPHOID

Does Applicant give History of Typhoid Yes .... No. .... Date.....
Has Case of Typhoid occurred in immediate family or place of residence
Yes .... No .... Date .....
If history of either of above is given send applicant to clinic for Widal and stool examination.

SKIN DISEASE

Scabies Yes .... No .... Pediculosis Yes .... No .... Facus Yes .... No ...
Ringworm Yes .... No .... Tuberculous Lesions Yes .... No ....

I hereby certify that the above named person has been thoroughly examined by me as to the presence of evidence of communicable diseases and has been found (free) (not free) from such disease.

Date..... Dr..... Addr.....

Foodhandler's certificates will not be issued IF THIS CARD IS NOT COMPLETELY FILLED OUT.

To be filled in by Occupational Clinic

Certificate Issued—Date .....

On Probation .....

Excluded .....

Department of Health—City of New York—Bureau of Preventable Diseases
Form 858 V 25-1224-21-Bt

Digitized by Google

INTERESTING CASE OF FALSE CROUP.

Dr. Hyman Glanz, of Manhattan Borough, very kindly contributes the following details of an interesting case:

Patient, I. M.; age, 2 years; a very healthy baby.

History: On Sunday, May 29th, the father took the family to Coney Island for an automobile trip. They went into a restaurant and the baby was given two soft boiled eggs, which he drank from a glass. Just as he was about through, the baby vomited the eggs, and the parents noticed that the child had a croupy cough. That same evening a physician was called. He attributed the croupy condition to a cold contracted during the automobile trip. Two days later, the same physician was called again; he injected 3,000 units of antitoxin. June 2nd, or 4 days later, the child was not improving, and another physician was called in. He injected 5,000 units of antitoxin. The following evening, at 11 p. m., I was called to see the baby; the child had a croupy cough, stridulous breathing and was very dyspnoeic. There was no membrane visible in the nose or throat. The parents desired a consultant, and I got one immediately. A diagnosis of a true primary laryngeal croup was most naturally made. We injected 15,000 units of antitoxin, and reported the case to the Department of Health. (Cultures were negative for diphtheria bacilli.) For the next 4 days the condition of the baby was not very much improved. He was still dyspnoeic, and would become cyanotic during a spasm of coughing. On going over his history again, very carefully, I concluded that a piece of egg shell must have gotten into his larynx. Accordingly, on June 7th, I took the baby to Dr. Sydney Yankauer, who, by means of the bronchoscope, very skillfully extracted a piece of egg shell of about the size of a quarter.

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 9, 1921.

The outstanding feature of the mortality of the week just closed was the reporting of ten deaths from sunstroke, or heatstroke. Weather conditions tended to increase the mortality from most causes. The mean temperature during the week was 78.7 as compared with 72.9 in the corresponding week of 1920. The maximum temperature was 95 as compared with 88 and the minimum temperature 63 as compared with 59. The result of the extreme heat wave which prevailed during the week was to show an increased mortality from all causes, there having been 1,069 deaths reported and a rate of 9.70, as compared with 1,023 deaths and a rate of 9.42 in the corresponding week of 1920, an increase of 46 deaths and of .28 of a point.

The only one of the infectious diseases that showed an increased mortality was that of diphtheria, there having been 18 deaths reported, as compared with 7; deaths from diarrhoeal diseases under 5 years of age numbered 49, as compared with 42; deaths from violence numbered 89, as compared with 105, a decrease of 16.

Infants under one year of age seem to have been unaffected by the heat, there having been 158 deaths reported, as compared with 167, a decrease of 9; there were 82 deaths reported between 1 and 5 years of age, as compared with 69, an increase of 13 deaths; between 5 and 65 years of age there were 608 deaths reported, as compared with 589, an increase of 19; a great increase is shown at the age group 65 years of age and over, there having been 221 deaths reported, as compared with 198, an increase of 23.

The death rate for the first 28 weeks of 1921 was 12.10 per 1,000 of the population, as compared with a rate of 15.22 in the corresponding period of 1920, a decrease of 3.12 points. From January 1st to date 74 infants under one year of age died out of every 1,000 children born, as compared with a rate of 94 in the corresponding period of 1920, a decrease of 20 deaths out of every 1,000 children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ACCIDENTS.—Swartz, Nellie. Causes of work accidents among women. (Nation's Health, June, 1921. pp. 367-369, illus.)

BOTULISM.—Graham, Robert, and Herman Schwarze. Differentiation of type A and type B botulinus toxins in food; a rapid and simple method. (A. M. A. Jour., June 18, 1921. pp. 1743-1744.)

ENCEPHALITIS—Symonds, C. P. Encephalitis lethargica; critical review. (Quart. J. M., April, 1921. pp. 283-308.)

JUVENILE DELINQUENCY.—Nelles, F. C. Juvenile delinquency measures adopted by the California legislation of 1921. (J. Delinquency, May, 1921. pp. 402-409.)

LEPROSY.—Boyd, M. F., and W. F. Fox. Epidemiological study of an endemic focus of leprosy. (Am. J. Pub. Health, July, 1921. pp. 628-636, tables.)

NURSING.—Parsons, Ethel. Child hygiene and public health nursing. (Pub. Health Nurse, June, 1921. pp. 285-287.)

OCCUPATIONS, DISEASES AND HYGIENE.—National Industrial Conference Board. Cost of health service in industry, May, 1921. 33 p. (Research report No. 37.) p613.6 N21c

OFFICE SYSTEMS.—Britten, Rollo. Office system in public health administration. (Am. J. Pub. Health, July, 1921. pp. 639-645, illus.)

PARATYPHOID FEVER.—Linnell, J. E. A series of 14 cases of paratyphoid fever "B" traced to a carrier. (Public Health [London], June, 1921. pp. 172-175.)

POSTURE.—Hilles, Edith. Relation of posture to industrial health. (Nation's Health, June, 1921. pp. 339-343, illus.)

POSTURE.—Todd, M. E. Principles of posture, with special reference to the mechanics of the hip joint. Bost. M. & S. J., June 23, 1921. pp. 667-673, illus.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks.

	Apr. 16	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25	July 2	July 9
Total deaths	1388	1331	1327	1307	1256	1215	1216	1208	1070	1128	1147	1072	1069
Annual Death Rate	12.59	12.07	12.08	11.86	11.89	11.02	11 03	11.66	9.71	10.23	10.40	9.72	9.70
*Acute Infectious Diseases	48	52	56	44	55	48	43	42	33	35	44	33	38
Pul. Tuberculosis..	99	128	109	110	119	83	114	111	112	97	98	104	96
Influenza	15	16	14	10	9	11	6	6	4	6	3	1	1
Lobar Pneumonia.	110	78	74	78	60	69	67	60	48	36	49	37	39
Broncho Pneum...	67	79	58	52	56	49	41	38	39	19	32	27	22
**Violent Deaths ...	65	61	63	68	65	61	68	84	57	85	65	82	75
Deaths under 1 year.	182	194	208	200	172	155	161	148	139	168	150	183	158
Rates per 1,000 births	71.8	76.5	81.8	78.7	67.7	60.9	63.3	58 2	54 7	66.1	59.2	72 1	62.3
Deaths under 5 years	274	301	298	267	249	231	231	233	204	238	228	244	240
" 5-65 years ..	800	757	718	725	721	676	714	720	629	637	669	600	608
" 65 years and over	314	273	311	315	286	308	271	25	237	253	250	228	221

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	427	278	284	264	284	243	246	214	340	239	346	268	201
Diphtheria	361	420	488	418	422	348	357	288	293	311	340	254	169
Measles	215	189	246	212	321	221	305	221	227	220	186	159	188
Scarlet Fever	396	418	344	290	303	287	309	279	245	211	209	104	67
Chickenpox	193	210	196	254	193	200	251	216	218	163	167	122	118
Influenza	176	59	57	49	26	17	23	11	12	11	3	5	2
Pneumonias	370	322	293	271	227	206	214	183	172	196	137	138	104
Typhoid Fever	7	12	12	9	10	7	12	7	10	4	16	16	26
Whooping Cough ...	142	154	170	132	169	151	168	145	186	146	180	102	112
Syphilis	285	210	238	256	192	235	195	174	202	188	223	203	251
Gonorrhoea	48	94	66	138	77	26	70	56	77	74	81	82	89
Poliomyelitis	1	..	1	1	..	..	..	2	1	1	3	4	4
Cerebro-spinal Meningitis	9	8	4	7	7	7	4	4	9	8	5	7	6
Total	2627	2374	2344	2301	2231	1948	2154	1800	1992	1772	1896	1464	1282

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, July 9, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	474	474	450	1091	707	60	10 84	10 86	10.81
The Bronx	732,016	778,528	105	116	120	278	131	11	7.88	7.77	8.04
Brooklyn	2,022,262	2,077,674	317	372	388	872	484	37	8.12	9.84	9.62
Queens	466,811	497,627	77	81	95	165	67	12	8.40	8.49	9.96
Richmond	115,969	121,252	50	26	21	63	16	1	22.09	11.19	9.04
Total	5,621,151	5,751,859	1023	1069	1069	2469	1405	121	9.42	9.70	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-eight weeks of this year there were 37,342 deaths, a rate of 12.10 per 1,000 population. During the corresponding weeks of last year there were 46,252 deaths, a rate of 15.22 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	14	89	1	..	3	12	12	29	26	13	6	21	76	116	268	90
The Bronx	2	17	..	..	1	4	3	3	3	2	..	14	13	19	68	29
Brooklyn	15	24	1	1	2	20	4	20	18	3	1	23	58	87	206	79
Queens	2	8	..	..	1	2	3	1	1	4	..	6	12	13	48	20
Richmond	.	7	..	..	.	.	..	1	1	2	..	4	4	5	18	3
Total	33	95	2	1	7	38	22	54	49	24	7	68	158	240	608	221

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births.	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	70	65 0	21	19.5	7	16	107	24.3	24	5.4	11	2.5
The Bronx	15	52 7	3	10.5	..	2	22	13.6	4	2.5	1	0.6
Brooklyn	56	59.6	18	18.8	3	9	88	19.7	18	4.0	12	2.7
Queens	13	72.3	1	5.6		1	18	16.9	2	1.9	3	2.8
Richmond	4	75.7	1	18 9	..	1	5	21.0	1	4.2	1	4.2
City of New York.	158	62.3	39	15.4	10	29	240	20.4	49	4.2	28	2 4

During the first twenty-eight weeks of this year 5,270 infants died, a rate of 74. per 1,000 births. During the corresponding weeks of last year 6,724 died, a rate of 94. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-2-'21..	68	125	10	28	54	55	1	41	8	8	..	1	..	..	..	78	..	542	178	1192
Admitted	6	20	6	21	4	21	1	8	..	3	..	2	..	..	..	14	..	19	6	181
Discharged ..	14	35	3	12	14	12	..	19	..	3	..	..	..	..	..	9	..	14	8	148
Died	3	3	1	1		5	..	2	.	2	..	..	..	..	..	1	..	..	2	20
Rem'g 7-9-'21..	57	107	12	36	44	59	2	28	8	6	.	3	..	..	..	77	..	547	174	1160
Total treated	74	145	16	49	58	76	2	49	8	11	..	3	..	..	..	87	..	561	184	1323

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,069	1,023	561	508	158	42	40	240	39	68	241	299	221
1. Typhoid Fever	3	5	2	1	..	..	..	.	..	..	2	1	..
2. Malarial Fever	.	..	..	..	..	..	..	.	..	..	..	..	..
5. Measles	3	3	2	1		3	.	3	..	..	..	..	..
6. Scarlet Fever	5	7	..	5	1	1	3	5	..	..	..	..	..
7. Whooping Cough	7	11	4	3	4	1	2	7	..	..	..	..	..
8. Diphtheria	18	7	10	8	1	4	8	13	5	..	..	..	..
9. Influenza	1	1	..	1	..	1	..	1	..	..	..	..	..
Poliomyelitis	2	..	..	2	..	2	..	2	..	..	..	..	..
12. Other Epidemic Diseases	2	3	1	1	..	..	1	1	..	..	..	1	..
13. Pulmonary Tuberculosis	96	117	52	43	..	2	..	2	2	17	42	28	4
14. Tbc. Meningitis	12	13	7	5	1	6	1	8	2	1	..	1	..
15. Other forms Tbc.	9	11	5	4	1	1	1	3	1	2	2	1	..
16. Cancer, Malignant Tumor	89	82	49	40	..	..	..	..	..	2	22	37	28
17. Simple Meningitis	2	3	1	1	1	..	..	1	1	..	..	..	..
17a. Cerebro-spinal Meningitis	2	1	1	1	..	2	..	2	..	..	..	..	
18. Apoplexy, Softening of the Brain	10	9	5	5	..	..	1	1	..	..	4	1	4
19. Organic Heart Diseases	182	181	91	91	..	1	1	2	3	7	25	69	76
20. Acute Bronchitis	7	4	4	3	7	..	..	7	..	..	..	..	..
21. Chronic Bronchitis		2	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	38	21	19	19	4	1	1	6	..	4	6	13	9
22a. Broncho Pneumonia	22	34	13	9	7	3	3	13	2	1	1	2	3
23. Other Respiratory Diseases	3	4	1	2	..	..	1	1	..	..	1	..	1
24. Diseases of the Stomach (Cancer excepted)	6	4	5	1	1	..	..	1	..	..	1	2	2
25. Diarrhoeal Diseases (under 5 years)	49	42	26	23	39	5	5	49	..	..	..	..	..
26. Appendicitis and Typhilitis	16	17	8	8	..	..	1	1	1	2	7	5	..
27. Hernia, Intestinal Obstruction	14	8	4	10	2	..	..	2	..	..	1	6	5
28. Cirrhosis of Liver	6	3	3	3	..	..	..	..	..	..	1	4	1
29. Bright's Disease and Nephritis	56	73	24	32	..	1	1	2	1	1	6	28	18
30. Diseases of Women (not Cancer)	1	5	..	1	..	..	..	..	..	..	1	..	.
31. Puerperal Septicaemia	1	2	..	1	..	..	..	..	..	..	1	.	.
32. Other Puerperal Diseases	12	8	..	12	..	..	..	..	.	3	9		
33. Congenital Debility, and Malformations	67	69	48	19	66	1	..	67	..				
34. Old Age	3	2	2	1	..	.	.	..					3
35. Violent Deaths	75	98	48	27	2	3	3	8	11	14	17	14	11
a. Sunstroke	10	..	4	6	2	1	..	3	1	1	1	2	2
b. Other Accidents	58	87	37	21	..	2	3	5	10	8	14	12	9
c. Homicide	7	6	7	..	..	..	..	..	..	5	2	..	.
36. Suicide	24	12	14	10	..	..				3	12	9	
*37. All other causes	228	166	109	114	21	4	7	32	10	11	48	66	56
38. Ill-defined causes	4	1	3	1	..	..	..	.	..	..	2	2	

Deaths in Institutions,	490	Mean temperature,	78.7 deg. Fahr.
Mean barometer,	29.85	Maximum temperature,	95.0 deg. Fahr.
Mean humidity,	71.9	Minimum temperature,	63.0 deg. Fahr
Precipitation,	.01		

†If the deaths under one month, numbering 80 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 6, Diabetes 17, Alcoholism 0, Locomotor Ataxia 2, Paresis 6, Arterio-sclerosis 60, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JULY 23, 1921. No. 30.

"THE CITY OF DREADFUL STREETS."

One of the daily papers in this City, recently, printed an editorial with the above title, holding up the City as one in which the mortality from street accidents was excessive. While it is true that improvement can and should be made in preventing fatalities from this cause, and while the Department agrees that stricter regulations as to the issuance of licenses to drive motor vehicles, not only in the City but in the State, should be instituted, still the conditions in New York City are such that the mortality from this cause is lower than in any other large city in the country. The attached table proves this contention. It was prepared from statistics gathered under the auspices of the Committee on Statistics, Public Safety Section, National Safety Council, and furnished to us by Dr. F. S. Crum, Chairman of the Committee, so that it must be admitted that the statistics come from a reliable source; Dr. Crum being a statistician of repute.

The table comprises the statistics of mortality from this cause in 18 of the large cities in the United States, the population of each one being over 200,000. The only large city omitted is that of Philadelphia.

A glance shows that the mortality from street vehicular accidents, in the year 1920, was lowest in the City of New York, there having been only 166 deaths per 1,000,000 of the population, every other city showing a more or less higher mortality from this cause.

In Los Angeles, the mortality was two and a half times greater than that in New York, and, in the four cities of Pittsburgh, Buffalo, Toledo, and Jersey City, the death rate was approximately double that of New York City. The rate of Columbus, Ohio, and Chicago, Ill., was, respectively, 63 per cent and 61 per cent greater than New York. The neighboring city of Newark, N. J., was just 60 per cent higher than New York City. Boston's rate was 22 per cent higher.

The excellent standing of the City of New York in the table is not confined to 1920, alone. The table shows the average death rate for 1,000,000 of the population from this cause, for the five years 1915 to 1919, and compares it with the rate for the year 1920. It will be seen, at a glance, that, during the quinquennium, 1915-19, New York City had the place of honor on the list, with a rate of 171, as compared with much higher rates in all the large cities mentioned in the table.

On the other hand, the rate in the City of New York, for the year 1920, has

Digitized by Google

decreased slightly, as compared with that of the previous five years. There will always be deaths from accidents recorded in this City, but these can be reduced to a minimum and steps should be taken to start a campaign enlisting the services of the various Departments of the City interested, the National Safety Council, and the magistrates designated to try violations of traffic regulations, and the American Automobile Association, in the cause. At the approaching session of the State Legislature, constructive amendments to the present law should be urged with the view to a stricter licensing of persons driving automobiles, motor trucks and in fact, all sorts of vehicles in the City of New York.

DEATHS AND DEATH RATES FROM ALL VEHICULAR ACCIDENTS IN EIGHTEEN OF THE LARGEST CITIES OF THE U. S. DURING 1920 AND QUINQUENNIUM, 1915-1919.

City	Population	Average Rate Per 1,000,000 5 Yrs. 1915-19	Rate Per 1,000,000 of Population Year 1920	Increase in 1920	Decrease in 1920	No. of Deaths All Vehicles 1920
Los Angeles, Cal.	588327	333	391	58	..	230
Pittsburgh, Pa.	591028	412	332	..	80	196
Buffalo, N. Y.	511031	299	331	32	..	169
Toledo, Ohio	246893	314	324	10	..	80
Jersey City, N. J.	299454	293	314	21	..	94
Detroit, Mich.	1020400	320	306	..	14	312
Columbus, Ohio	239888	329	271	..	58	65
Chicago, Ill.	2728236	260	268	8	..	731
Newark, N. J.	417701	244	266	22	..	111
San Francisco, Cal.	511272	304	262	..	42	134
Milwaukee, Wis.	461441	213	256	43	..	118
Denver, Col.	258634	183	236	53	..	161
Providence, R. I.	238329	258	218	..	40	52
St. Louis, Mo.	777354	214	216	2	..	168
Boston, Mass.	752094	272	202	..	70	152
Portland, Ore.	261012	171	176	5	..	46
Washington, D. C.	442972	207	169	..	38	75
New York, N. Y.	5905803	171	166	..	5	943

PHYSICIANS SHOULD WATCH FOR MALARIA AMONG IMMIGRANTS.

Although the Department of Health has been on the alert to discover among immigrants entering the City any of the communicable diseases which are specified in our Sanitary Code as being reportable, we have just received information that some of the hospitals in this City have found cases of malaria among newly arrived immigrants.

Malaria is one of the rare communicable diseases in the City of New York, but in view of the fact that reliable authorities have found malaria to be present, as stated, and because such immigrants might serve as a spark to light up a very considerable outbreak of this disease, it is of the utmost importance that physicians should remember that it is both their moral and legal duty to report to the Department, at once, each and every case of malaria that comes under their professional notice, so that it may take such measures as may be within its power to prevent infected individuals from bcoming sources of infection to any anopheles mosquitoes that may bite them, and, therefore, a danger to the community. Malaria has, for a long time at least, been practically non-existent in the City, so that most hospital superintendents and physicians have possibly forgotten that they are under legal requirements to report cases.

Of course, the aid of laboratory methods should be sought in all diagnoses of this disease.

INTERESTING CASE FROM RECORDS OF THE DEPARTMENT OF HEALTH.

Tetanus.

A. S., 12 years old, of Kent Avenue, Brooklyn, was injured by a blank cartridge on July 1st, in some town on Long Island, outside of New York City.

The wound was on the palm of right hand. Being slight, it seems to have received no attention. Patient entered St. Peter's Hospital, July 8th, suffering from lockjaw.

Digitized by Google

with severe and oft-repeated convulsions. He received 30,000 units of anti-toxin at once, but died within 24 hours after admission to the hospital.

A prophylactic dose of tetanus antitoxin, at the time of the injury would, undoubtedly, have saved the boy.

DEATHS FROM NARCOTICS IN NEW YORK CITY.

A report from the Chief Medical Examiner of the City of New York, for the years 1918-1921, has just been received.

A statistical table on pages 30 and 31, of the report, furnishes the following:

DEATHS FROM NARCOTIC POISONING.

	1918	1919	1920	Total
Morphine	40	34	33	107
Opium	14	6	4	24
Heroin	7	15	5	27
Cocaine	4	1	1	6
Totals	65	56	43	164

GENERAL HOSPITALS AND TUBERCULOSIS.

The opening of wards in general hospitals for tuberculous patients, as recommended by the American Medical Association at its recent annual meeting in Boston, will, it is believed by the U. S. Public Health Service, be of enormous benefit not only to most of the two million known victims of the disease in the United States but also to thousands of others in whom the disease is incipient and easily suppressible, if promptly treated. Tuberculosis in this stage is difficult and often impossible of positive diagnosis, even by an expert; and many persons, even when told by their family doctor that their case is "suspicious" and that they should take precautionary treatment, fear the stigma of an avowed tuberculosis hospital and put off action until recovery has become long and difficult. In a general hospital the diagnosis will not be made public and the family will not be embarrassed but at the same time all necessary precautions can be taken to avoid danger of infection to others. The resolution was prepared and recommended by the National Tuberculosis Association in 1916; its approval now by the American Medical Association shows a very marked change in medical sentiment.

In support of the new policy it is argued that in many small cities two hospitals, one general and one tuberculous, can be run only at a loss, but if combined, would pay operating expenses, especially as the combined hospital would draw many secret tuberculous cases. Many general hospitals could easily enlarge their facilities by fitting up wards, roofs, porches, and unused open-air spaces and thus provide greatly needed space for tuberculous patients, both former Army men and civilians. The routine treatment of tuberculous patients in all general hospitals, instead of as at present in only about one-eighth of those in the country should enable people in moderate circumstances to obtain preliminary treatment in their home towns instead of being forced to go without or to go to resorts. Such preliminary treatment would habituate the patient to the regimen essential to his cure and to the protection of others and would enable him to go back to his home and get well under home treatment, as he probably would not have done without such training. Visits to the hospital will also familiarize members of the patients family with sanitary precautions such as the sputum cup, which commonly horrifies them and is soon given up by home patients.

Visits by the family physician to his patient in the hospital would familiarize him with the treatment and enable him to diagnose other cases much earlier. It would also enable them to supervise the later home treatment of both this patient and of others At present, although tuberculosis is the most common of all serious diseases, its

Digitized by Google

treatment is neglected because general practitioners are in the habit of sending their patients away.

In short the result of opening the general hospitals to tuberculous patients will, it is believed, be very largely preventative and will thus be in line with the medical tendency of the day, which is looking more and more to prevention instead of to cure.

U. S. CIVIL-SERVICE EXAMINATION FOR ASSISTANT DIRECTOR OF EDUCATIONAL WORK, PUBLIC HEALTH SERVICE.

The United States Civil Service Commission announces an open competitive examination for assistant director of educational work. Approximately three vacancies in the Division of Venereal Diseases, Public Health Service, at salaries ranging from $2,800 to $4,500 a year, and vacancies in positions requiring similar qualifications, will be filled from this examination, unless it is found in the interest of the service to fill any vacancy by reinstatement, transfer, or promotion.

Range in salary.—The entrance salary within the range stated will depend upon the qualifications of the appointee as shown in the examination and the duty to which assigned.

Citizenship and sex.—All citizens of the United States who meet the requirements, both men and women, may enter this examination; appointing officers, however, have the legal right to specify the sex desired in requesting certification of eligibles. For present vacancies men are desired.

Subjects and weights.—Competitors will not be required to report for examination at any place, but will be rated on the following subjects, which have the relative weights indicated:

Subjects.	Weights.
1. Education	30
2. Experience	30
3. Thesis (to be filed with application)	40
Total	100

Basis of ratings.—Under the first two subjects the ratings will be based upon competitors' sworn statements in their applications and upon corroborative evidence.

Education and experience.—For either Class A or Class B, described below, applicants must show that they have graduated from a college or university of recognized standing; that they have an extensive knowledge of sociology, biology, psychology, physiology or physical education, and some knowledge of all the social sciences; and, in addition, that they have had at least one year's responsible recent experience in the field of medicine, social welfare, social reconstruction, or education, or one year's recent experience in executive work in business.

Thesis.—Under the third subject applicants must submit with their applications a thesis of from 1,500 to 2,400 words in length on one of the subjects indicated below. Applicants will be placed in Class A or B, according to the subject of their thesis. The thesis may be either in typewriting or in the handwriting of the applicant.

The thesis must reveal a thorough knowledge of the subject discussed, an ability to organize subject matter, accuracy of expression, and skill in presenting facts and arguments in a clear, convincing manner. Even though applicants may receive an unusually high grade for education and experience, they will not be given an eligible rating on the examination as a whole unless they receive an eligible rating on the thesis.

Publications.—Publications of which the applicant is the author or coauthor may also be submitted, but will be considered only in addition to the thesis, and not in lieu thereof.

Essental qualifications.—It must appear that applicants have initiative, resourcefulness, tact, patience, persistence, and inventive ability; also mental balance, poise, knowledge of human nature, wholesome attitude toward life, and pleasing personality.

Oral examination.—An oral test may, if found desirable, be given at a later date at selected centers. The oral examination will be given to eligibles in the order of their standing, and only to such numbers as the needs of the service require. A competitor who fails to pass the oral test will not be eligible for appointment. Competitors who will be given the oral test will be notified of the place and date thereof.

CLASS A.

Duties. The duties of the appointee will be to organize, under supervision, and develop one or more programs of educational measures for venereal-disease prevention among various large groups of the population of the United States (viz, the rural population, the urban population, the male 15-20 age group, etc.). The appointee will be required to—

(a) Enlist the co-operation of national and state agencies conducting organized work among these various population groups;
(b) Direct the preparation of special posters, pamphlets, and other material, which must be especially adapted to use in particular fields;
(c) Supervise the work of such assistants as may be assigned to him;
(d) Supervise the work of field officers available for the development of the various programs; and
(e) Collect and tabulate reports of the results of the work.

Subject for thesis. The thesis required of applicants for Class A may be on any of the following subjects:

1. Value and limitations of the pamphlet as a means of social hygiene education.
2. Value and limitations of a placard as a means of social hygiene education.
3. Educational methods for reaching employed girls and women.
4. Relation of sex education outside of schools to the prevention of venereal diseases.
5. The venereal disease clinic as a center for educational work in social hygiene.
6. A program of venereal disease control through county organizations.
7. Value and advantages of exhibit material in social hygiene education.
8. Prohibition and social hygiene.
9. The problem of venereal prophylaxis.
10. The possibility of the ultimate eradication of venereal disease.

Duties. The duties of the appointee will be to organize and develop, under supervision, [illegible] to the prevention of venereal disease.

Digitized by Google

methods and programs for enlisting the interest and co-operation of educators and educational organizations in the Government's activities for the prevention of venereal diseases. The appointee will be required to—

(a) Originate and develop various measures for the development of sex education in co-operation with the United States Bureau of Education and the colleges and schools of the United States.
(b) Arrange conferences of college and public-school educators on the subject of sex education in schools. The appointee must be able to talk intelligently with college professors, superintendents of schools, high-school principals, and high-school teachers regarding principles and methods of education, regarding the psychology of education, and regarding the subject matter of biology, hygiene, physical education, domestic science, and kindred subjects.
(c) Meet with such conferences and deliver addresses.
(d) See that measures are taken to conserve the results of such conferences.
(e) The duties outlined in (a), (b), (c), and (d) require frequent and extended trips away from Washington, and the appointee must be free to undertake such travel in the field.

Subject for thesis.—The thesis required of applicants for Class B may be on any one of the following subjects:

1. The relation of sex education in schools to the prevention of venereal diseases.
2. The problem of continence.
3. A high-school course in biology, including the essential facts of sex and venereal diseases.
4. A high-school course in physical education, including the essential facts of sex and venereal diseases.
5. The need for sex education.
6. Nature study and sex education.
7. The problem of sublimation.
8. Recreation and sex conduct.

Applicants for both classes.—Applicants who desire to qualify for both classes must file a separate application and thesis for each.

Age.—Applicants must not have reached their seventieth birthday on the date of the examination. Should the appointing officer so request, certification will be made of eligibles who are within reasonable age limits.

Retirement.—Classified employees who have reached the retirement age and have served fifteen years are entitled to retirement with an annuity. The retirement age for railway mail clerks is 62 years, for mechanics and post-office clerks and carriers 65 years, and for others 70 years. A deduction of 2½ per cent is made from the monthly salary to provide for this annuity, which will be returned to persons leaving the service before retirement with 4 per cent interest compounded annually.

Photographs.—Applicants must submit with their applications their unmounted photographs, taken within two years, with their names written thereon. Proofs or group photographs will not be accepted. Photographs will not be returned to applicants.

Residence and domicile.—Applicants will be admitted to this examination regardless of their residence and domicile; but only those who have been actually domiciled in the State or Territory in which they reside for at least one year previous to the examination, and who have the county officer's certificate in the application form executed, may become eligible for permanent appointment to the apportioned service in Washington, D. C.

Applications.—Applicants should at once apply for Form 2118, stating the title of the examination desired, to the Civil Service Commission, Washington, D. C.; the Secretary of the United States Civil Service Board, Customhouse, New York, N. Y.

Applications should be properly executed, excluding the medical certificate, and must be filed with the Civil Service Commission, Washington, D. C., with the material required, prior to the hour of closing business on August 9, 1921.

The exact title of the examination, as given at the head of this announcement, and the class in which the applicant desires to qualify, should be stated in answer to Question 1 of the application form.

Preference.—Applicants entitled to preference should attach to their applications their original discharge, or a photostat or certified copy thereof, or their official record of service, which will be returned after inspection.

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 16, 1921.

For the fourth consecutive week, that is, since the week ending June 25th, the mortalities have exceeded those of the four corresponding weeks of 1920, not very much it is true, especially when the increase in the population is taken into consideration, but still enough to cause a little thought to be given to the matter.

The infectious diseases play little or no part in this increase. The causes of death that showed material increases during the past four weeks were cancer, with an increase of 46 deaths; organic heart disease, 82 deaths; pneumonia, 23; sunstroke, 33 deaths; diarrhoeal diseases under 5 years of age, 25 deaths.

The following diseases showed a decreased mortality:

Pulmonary tuberculosis	51
Bright's disease	52
Violence	11

It is readily seen that the diseases that showed a materially increased mortality were those of old age and diarrhoeal diseases under 5 years of age.

Digitized by Google

Viewed from the point of age grouping we find that there were 61 more deaths under 1 year of age during the past four weeks than there were in the corresponding period of 1920. At the other extreme of life, 65 years of age and over we find that there were 126 more deaths during the period under consideration than there were in the corresponding period of 1920. The reason for the increased mortality at the extremes of life is due, undoubtedly, to the unfavorable weather conditions prevailing in the City during the past four weeks, as is evidenced by there having been 33 deaths reported from sunstroke, as compared with 4 deaths in the corresponding four weeks of 1920. The heat undoubtedly increased the mortality among the extremely aged as well as among the extremely young.

The death rate for the first 29 weeks of the year was 12.01 per 1,000 of the population, as compared with a rate of 15 in the corresponding period of 1920, a decrease of 2.99 of a point. From January 1st to date 74 children under 1 year of age died out of every 1,000 born, as compared with 93 deaths at this age group in the corresponding period of 1920, a decrease in the rate of 19 out of every 1,000 born.

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Apr. 23	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25	July 2	July 9	July 16
Total deaths	1831	1827	1807	1256	1215	1216	1208	1070	1128	1147	1072	1069	1041
Annual Death Rate	12.07	12.03	11.86	11.89	11.02	11.03	10 96	9.71	10.28	10.40	9.72	9.70	9 44
*Acute Infectious Diseases	52	56	44	55	48	43	42	33	35	44	33	38	30
Pul. Tuberculosis..	128	109	110	119	88	114	111	112	97	98	104	95	74
Influenza	16	14	10	9	11	6	6	4	6	8	1	1	1
Lobar Pneumonia.	78	74	78	60	69	67	60	48	36	49	37	38	27
Broncho Pneum...	79	58	52	56	49	41	38	39	19	32	27	22	35
**Violent Deaths ...	61	68	68	65	61	68	84	57	85	65	82	75	95
Deaths under 1 year.	194	208	200	172	155	161	148	139	168	150	183	158	186
Rates per 1,000 births	76.5	81.8	78.7	67.7	60.9	63.3	58 2	54 7	66.1	59.2	72 1	62.3	73.4
Deaths under 5 years	801	298	267	249	231	231	233	204	238	228	244	240	246
" 5-65 years ..	757	718	725	721	676	714	720	629	687	669	600	608	575
" 65 years and over	273	311	315	286	308	271	25	237	253	250	228	221	220

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	278	284	264	284	243	246	214	340	239	346	268	201	291
Diphtheria	420	488	418	422	348	357	288	293	311	340	254	169	164
Measles	189	246	212	321	221	305	221	227	220	186	159	133	108
Scarlet Fever	418	344	290	308	287	309	279	245	211	209	104	67	47
Chickenpox	210	196	254	198	200	251	216	218	163	167	122	118	56
Influenza	59	57	49	26	17	23	11	12	11	3	5	2	4
Pneumonias	322	298	271	227	206	214	183	172	196	137	138	104	138
Typhoid Fever	12	12	9	10	7	12	7	10	4	16	16	26	25
Whooping Cough ...	154	170	132	169	151	168	145	186	146	180	102	112	169
Syphilis	210	238	256	192	235	195	174	202	188	223	203	251	465
Gonorrhoea	94	66	138	77	26	70	56	77	74	81	82	89	226
Poliomyelitis	..	1	1	..	..	..	2	1	1	3	4	4	6
Cerebro-spinal Meningitis	8	4	7	7	7	4	4	9	8	5	7	6	4
Total	2374	2344	2301	2231	1948	2154	1800	1992	1772	1896	1464	1283	1703

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, July 16, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	442	592	486	1172	546	46	10 11	11 50	11.14
The Bronx	782,016	778,528	117	116	115	316	384	18	8.17	7.71	7.71
Brooklyn	2,022,262	2,077,674	320	309	324	1040	324	43	8.19	7.76	8.14
Queens	466,811	497,627	69	81	92	189	67	10	7.52	8.49	9.65
Richmond	115,969	121,252	29	34	24	76	23	10	12.81	14.68	10 83
Total	5,621,151	5,751,859	977	1041	1041	2793	1344	122	9.00	9.44	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-nine weeks of this year there were 38,383 deaths, a rate of 12.01 per 1,000 population. During the corresponding weeks of last year there were 47,229 deaths, a rate of 15.00 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	12	84	1	..	8	9	15	41	40	8	2	46	102	129	269	104
The Bronx	1	15	..	..	..	3	9	5	5	1	..	6	23	31	68	21
Brooklyn	9	11	..	1	1	13	11	25	22	3	2	29	45	64	177	68
Queens	..	8	..	..	..	2	2	3	3	1	..	8	8	13	48	20
Richmond	..	6	..	..	..	..	1	1	1	..	..	2	8	9	18	7
Total	22	74	1	1	4	27	38	75	71	8	4	91	186	246	575	220

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Livins.
Manhattan	100	92.8	32	29.7	16	17	125	28.4	39	8.8	8	1.8
The Bronx	26	91 1	8	10.5	1	2	34	21.1	5	3.1	1	0.6
Brooklyn	48	51.3	20	21.8	5	13	69	15 4	24	5.4	7	1.6
Queens	7	38 9	1	5.5	1	1	12	11.3	2	1.9	.	..
Richmond	5	98.9	..	..	..	..	6	25.2	1	4.2	..	..
City of New York.	186	73.4	56	22.1	23	33	246	20.9	71	6.0	16	1.4

During the first twenty-nine weeks of this year 5,456 infants died, a rate of 74. per 1,000 births. During the corresponding weeks of last year 6,874 died, a rate of 93. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-9-'21.	57	107	12	36	44	59	2	28	8	6	..	3	..	..	..	77	..	547	174	1160
Admitted	6	15	7	6	6	10	1	12	..	1	1	1	..	..	..	5	..	17	9	97
Discharged	20	26	8	8	10	24	1	5	2	4	..	2	..	..	..	28	..	16	9	158
Died	..	1	1	2	1	4	..	2	.	..	..	..	..	..	..	..	..	..	3	14
Rem'g 7-16-'21.	43	95	10	32	39	41	2	33	6	3	1	2	..	..	..	59	..	548	171	1085
Total treated	63	122	19	42	50	69	3	40	8	7	1	4	..	..	..	82	..	564	183	1257

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,041	977	545	496	186	35	25	246	61	51	189	274	220
1. Typhoid Fever	7	2	6	1	..	..	..	..	2	3	2	..	
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	
5. Measles	2	3	2	..	1	1	..	2	..	..	..	..	
6. Scarlet Fever	1	..	1	..	..	..	1	1	..	..	..	..	..
7. Whooping Cough	8	3	3	5	5	2	1	8	..	..	..	..	
8. Diphtheria	11	10	6	5	..	3	2	5	6	..	..	..	.
9. Influenza	1	4	1	..	..	..	..	..	..	..	1	..	.
Poliomyelitis	1	1	1	..	..	..	..	..	..	1	..	..	..
12. Other Epidemic Diseases	2	1	1	1	..	..	..	..	..	..	1	1	..
13. Pulmonary Tuberculosis	74	94	48	31	1	..	1	2	1	14	35	17	5
14. Tbc. Meningitis	4	13	1	3	..	2	..	2	..	..	2	..	..
15. Other forms Tbc.	3	3	6	2	1	..	..	1	..	1	5	1	..
16. Cancer, Malignant Tumor	88	92	40	48	..	..	1	1	1	1	15	51	19
17. Simple Meningitis	4	7	3	1	1	1	..	2	1	1	..	..	..
17a. Cerebro-spinal Meningitis	1	3	..	1	1	..	..	1	..	..	..	..	.
18. Apoplexy, Softening of the Brain	15	9	7	8	..	..	..	..	..	..	3	7	5
19. Organic Heart Diseases	178	158	79	99	..	1	1	2	12	5	20	59	80
20. Acute Bronchitis	4	5	1	3	1	2	..	3	..	..	..	1	.
21. Chronic Bronchitis	1	..	1	..	..	..	..	..	..	..	..	1	..
22. Lobar Pneumonia	27	27	21	6	5	1	..	6	..	6	4	6	5
22a. Broncho Pneumonia	38	37	20	18	19	8	1	28	1	..	1	1	7
23. Other Respiratory Diseases	3	10	..	3	..	..	..		..		1	1	1
24. Diseases of the Stomach (Cancer excepted)	8	5	5	3	..	1	..	1	..	..	3	3	1
25. Diarrhoeal Diseases (under 5 years)	71	60	37	34	56	10	5	71	..	..	..	..	
26. Appendicitis and Typhilitis	19	23	10	9	..	..	3	3	3	3	6	4	..
27. Hernia, Intestinal Obstruction	9	3	6	3	1	..	..	1	1	..	3	3	1
28. Cirrhosis of Liver	5	7	3	2	..	..	..	..	..	..	1	3	1
29. Bright's Disease and Nephritis	68	65	34	34	..	..	..	..	..	..	4	32	32
30. Diseases of Women (not Cancer)	6	6	..	6	..	..	..	..	..	..	3	3	.
31. Puerperal Septicaemia	1	6	..	1	..	..	..	..	..	..	1	..	
32. Other Puerperal Diseases	11	3	..	11	..	..	..	..	..	..	11		
33. Congenital Debility, and Malformations	71	62	43	28	71	..	..	71	..	..	..	..	.
34. Old Age	5	4	1	4	.	.	.	.	.	.	.	.	5
35. Violent Deaths	96	63	69	26	4	1	4	9	25	11	25	13	12
a. Sunstroke	14	3	7	7	4	1	..	5	..	1	1	4	3
b. Other Accidents	77	57	61	16	..	..	4	4	25	10	22	7	9
c. Homicide	4	3	1	3	..	..	..	..	..	..	2	2	
36. Suicide	8	12	5	3	..	..	..	..	..	..	5	3	
*37. All other causes	183	166	88	95	19	2	5	26	3	5	35	62	46
38. Ill-defined causes	3	2	1	2	..	..	..	..	..	..	2	1	..

Deaths in Institutions,	499	Mean temperature,	74.4 deg. Fahr.
Mean barometer,	29.84	Maximum temperature,	89.0 deg. Fahr.
Mean humidity,	83.6	Minimum temperature,	67.0 deg. Fahr.
Precipitation,	.62		

†If the deaths under one month, numbering 81 from all causes, be deducted from the total deaths under one year, the resulting rate will be 41 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 8, Diabetes 22, Alcoholism 0, Locomotor Ataxia 0, Paresis 4, Arterio-sclerosis 42, all other congenital causes 7.

25a-2082-31-0

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. JULY 30, 1921. No. 31.

SPECIAL STUDY OF PHYSICAL AND MENTAL CONDITION OF CHILDREN OF THE PRE-SCHOOL AGE.

— Conducted by —

The Bureau of Child Hygiene, Department of Health, in Co-operation with the Department of Education, The American Red Cross, The Educational Committee of the Civic Club and Teachers' College.

The physical examination of prospective entrants into the public schools in September next, as conducted in eight public schools in the Borough of Manhattan, during the month of June last, and according to a program previously formulated, disclosed the following:

1. That principals, teachers, clerks, and other assistants, afforded every possible co-operation and displayed an unusual interest in the program.

2. Although the preliminary notices to parents had been distributed several weeks in advance of the examination, with the request that a definite number of children be brought to the respective schools on definite days by the mothers, the response, as the result of this printed communication, was not altogether satisfactory. It became necessary, in many instances, to send teachers and older girls to the homes of the parents in order to secure the required number of children for examination on certain days. If the energy displayed by principals in an endeavor to secure attendance of these children had been reflected in the attendance, almost 100 per cent of the children canvassed would have been examined.

3. Approximately 70% of the children canvassed, either through written communication or personal approach, were brought to the schools. Of this number 75% were accompanied by their parents, and 25% by older school children.

The mothers who accompanied the children seemed to appreciate the value and importance of examinations before the entrance of the child into school, and promised co-operation in having the defects which were pointed out to them, remedied. The visualization to the parents of the various defects, their degree, and an explanation of the effect which such physical defects might have on the children's health and scholastic progress, seemed to be appreciated.

4. The presence of a dental hygienist at the time of the physical examination and the instruction in oral hygiene she gave, followed by subsequent cleansing and further

Digitized by Google

instruction in the care of the mouth and teeth, was of great educational and practical value. As one of the inspectors put it: "Teeth that would never feel a tooth brush were introduced to all methods of mouth hygiene."

5. It seemed rather difficult to co-ordinate, in so far as numbers were concerned, the physical and mental examination of the children. As a general rule, the medical inspectors were enabled to examine a far greater number of children in the given time than the psychologists. The physical examination—eliminating vision and hearing, as impractical at this age—took approximately from 8 to 10 minutes each, while the psychological test took approximately one-half hour. Since the proper conduct of the psychological test pre-supposes relaxation on the part of the child, it is evident that, if these children have to remain about for many minutes, or have to come on the following day, the best results of such examinations may be lost.

6. The anticipated role of the Red Cross in the upper Harlem district, in acting as a clearing house, so to say, for the various children, by assigning groups of cases to different welfare organizations in the district, could not be carried out. This, however, it is hoped, will not seriously interfere with the proposed program since, within the limitations of our working force, the Bureau of Child Hygiene will endeavor to have these cases followed up during the coming summer months.

7. Vaccinations, Schick tests, and the administration of toxin-antitoxin, were not found practical in this particular study, for several reasons. In the first place, in many instances, parents did not accompany the child, and therefore, written consent was not readily secured. Secondly: The administration of toxin-antitoxin would have necessitated a return to the various schools by inspectors, which would have interfered with the routine procedure of physical examination; and third, the final value of the toxin-antitoxin administration could only be determined several months after the last injection, through a re-Schicking of the child.

8. While an endeavor was made at the beginning to test the vision of these children by special Snellen charts, our former experience was soon corroborated that such tests were unreliable at their age.

9. An analysis of the findings in the children examined, as noted in the accompanying tabulations, A and B, shows the following:

(a) In all 1061 children were examined—506 boys and 555 girls. The majority of the children examined were in the age grouping of 5 and 6 years.

(b) Of the 1061 children examined, 33.3% were found normal, and 66.7% with physical defects; of the latter, 25.2% were children who had defective teeth as the only defect found, and 41.5% were children who had defects other than of teeth only—that is to say, one or more general defects, with or without defects of teeth.

(c) Of the 1061 children examined, 72.6% had defective teeth.

(d) The percentage of children who were found normal, with defective teeth as the only defect, and with general defects, is almost the same in boys as in girls, namely, 32%, 26.9%, 41.1%, respectively, in boys; as against 34.4%, 23.8%, 41.8%, respectively, in girls.

(e) A detailed analysis of the various defects found among boys and girls, and the combined number, will be readily seen from the attached tabulations. The outstanding features are that the predominating defects found were: hypertrophied tonsils, defective nasal breathing, and malnutrition (3 and 4).

In comparing the findings, in regard to physical condition, in children of the pre-school age with those of school age, it will be noted that the percentage of hypertrophied tonsils, defective nasal breathing, and malnutrition, are higher in the children of the pre-school age, that is for this group of 1061, than in school children, as follows:

Digitized by Google

PHYSICAL DEFECTS.

	PRE-SCHOOL AGE. (Based on the study of 1,061 children—1921).	SCHOOL CHILDREN. (Based on a study of 243,416 examinations—1920).
Hypertrophied tonsils	26.3%	15.3%
Defective Nasal Breathing	23.1%	11.6%
Malnutrition (3 and 4)	19.2%	17.5%
Defective Teeth	72.6%	61.8%
Pulmonary Disease	1.12%	.19%
Organic Cardiac	.94%	1.3%
Nervous Disease	.66%	.5%
Orthopedic Defects	1.12%	.9%

CASES FOUND WITH PHYSICAL DEFECTS REQUIRING TREATMENT.

	PRE-SCHOOL AGE. (Based on a study of 1,061 children—1921).	SCHOOL CHILDREN. (Based on a study of 243,416 examinations—1920).
Normal	33.3%	*30%
Teeth, as the only defect	25.2%	34.8%
General defects	41.5%	35.2%

* Five to 6 per cent higher than in previous years.

This study corroborates former experiences, as regards the need of intensive work among children of the pre-school age, for the correction of remediable physical defects, particularly defects of tonsils, nasal breathing, and nutrition. It also emphasizes the fact that the public, as a whole, has not as yet realized the importance and significance of the ill effects of physical defects at this age, and the importance of their remedy from the standpoint of health and schooling.

The difficulty of having children of the pre-school age brought to centres for examination was again brought out in this study, although the anticipated number of examinations, namely, 1,000, was exceeded. This, however, was due to the unusual and concentrated effort on the part of the school authorities.

During the summer months, in so far as conditions permit, the nurses of the Bureau of Child Hygiene are making necessary home visits and endeavoring, so far as possible, to secure the removal of all defects found, and to extend into the homes such educational methods as are warranted by findings.

NOTE.—The tabulation of 1061 examinations, above, refers to results of the first four weeks, beginning May 31st, to June 25th. The figures for the final week, June 27th, 28th, 29th, were not available at the time of writing. All in all, 1316 children were examined, and physical record reports are on hand for the various schools, as follows:

Public School.	Number Examined.
No. 39	199
No. 88	91
No. 102	193
No. 159	51
No. 110	157
No. 12	135
No. 147	228
No. 172	262
Total	1316

Of these 1316 children, 451 (34.2%) were found to have teeth as the only physical defect; 613 (46.5%) were found to have associated defects, and 252 (19.3%) were found to be normal.

Digitized by Google

TABLE "A"

SPECIAL PRE-SCHOOL AGE EXAMINATIONS.
(June, 1921.)

	No. Examined	Normal	Teeth only Defect	Other Defects	Defective Vision	Defective Hearing	Hypertrophied Tonsils	Defective Nasal Breathing	NUTRITION 1	2	3	4	Pulmonary Disease	Cardiac Disease O	F	Nervous Disease	Orthopedic Defect	Defective
BOYS—																		
No.	506	162	136	208	2	0	128	123	128	290	85	3	8	6	8	2	7	
Percentage		32	26.9	41.1			25.2	24.3	25.3	57.3	16.8	.6	1.58	1.18	1.58	.39	1.38	
GIRLS—																		
No.	555	191	132	232	4	2	151	121	132	307	113	3	4	4	5	5	5	
Percentage		34.4	23.8	41.8			27.2	21.8	23.8	55.3	20.4	.5	.72	.72	.90	.90	.90	
NO. COMBINED—																		
	1061	353	268	440	6	2	279	245	260	597	198	6	12	10	13	7	12	
Percentage		33.3	25.2	41.5			26.3	23.1	24.5	56.3	18.7	.5	1.12	.94	1.22	.66	1.12	

TABLE "B"

SPECIAL PRE-SCHOOL AGE EXAMINATIONS.
(June, 1921.)
ARRANGED ACCORDING TO AGE GROUPINGS.
BOYS.

Age	Number Examined	Found Normal	Teeth Only Defective	Other Defects.	Defective Vision	Defective Hearing	Hypertrophied Tonsils	Defective Nasal Breathing	NUTRITION 1	2	3	4	Pulmonary Disease	Cardiac Disease O	F	Nervous Disease	Orthopedic Defects	Defective Teeth
4 yrs.	26	10	2	14			9	5	13	7	6	0	2	1	0	0	0	
5 yrs.	252	80	64	108	1	0	66	67	58	147	45	2	4	1	4	1	4	
6 yrs.	208	63	66	79	1		52	50	53	123	31	1	2	1	4	0	3	
7 yrs.	16	6	3	7			1	1	4	9	3	0	0	3	0	1	0	
8 yrs.	2	2								2								
9 yrs.	1		1							1								
10 yrs.																		
11 yrs.	1	1								1								
Total	506	162	136	208	2	0	128	123	128	290	85	3	8	6	8	2	7	

GIRLS.

4 yrs.	43	29	0	14			10	8	30	11	2	0	1	1	1	0	1	
5 yrs.	286	99	62	125	3	1	74	66	54	165	65	2	3	2	1	2	3	
6 yrs.	202	60	57	85	1	1	61	50	47	110	44	1	0	1	3	3	1	
7 yrs.	20	2	11	7			6	7	1	18	1	0	0	0	0	0	0	
8 yrs.	2	1	0	1						1	1							
9 yrs.	2	0	2	0						2								
Total	555	191	132	232	4	2	151	121	132	307	113	3	4	4	5	5	5	

Digitized by Google

SERIES OF TYPHOID CASES ORIGINATING IN A CARRIER.

"In a report from Asst. Surg. Gen. L. L. Williams, at Marine Hospital No. 19, San Francisco, Calif., dated June 16, 1921, an account is given of the occurrence of nine cases of typhoid fever among the members of the crew of the steamship *Lake Gunni*, which evidently originated in a carrier who was a member of the crew.

"The carrier (H. L.), a fireman, was admitted to the hospital for observation on May 30, and the typhoid bacillus was demonstrated in his urine. He informed the medical officer in charge that he had had typhoid fever in New Orleans, where he was discharged from the hospital on April 26, and had shipped on the *Lake Gunni* on the following day. The nine cases from the vessel were all admitted to the hospital between May 25 and June 6.

"The vessel was visited by a medical officer of the Public Health Service, who examined the water and ice with negative results. The information secured from each of the patients suggested no other common source of infection; and so there seems to be little doubt that this group of cases originated in the typhoid bacillus carrier."

—(*Public Health Reports.*)

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 23, 1921.

The mortality during the week was in welcome contrast to the mortalities of the immediately preceding four weeks, which, as stated in last week's bulletin, exceeded those of the corresponding four weeks of 1920—and was represented by 984 deaths, with a rate of 8.93 per 1,000 of the population, as compared with 1,000 deaths and a rate of 9.21 in the corresponding week of 1920, a reduction in the absolute number of deaths of 16 and in the relative number of deaths of 31, this latter figure being based upon the increase in population in 1921 over 1920.

As usual at this time of the year, the mortality from the infectious diseases was very low; diarrhoeal diseases under 5 years of age showed 78 deaths, as compared with 85, a reduction of 7; other digestive diseases showed a reduction of 8 deaths; the mortality from the pneumonias was exceptionally low, there having been only 37 deaths reported from both forms, as compared with 60 in the corresponding week of 1920. The mortality from pulmonary tuberculosis was practically the same as in 1920.

The causes of death that showed an increased mortality were the combined heart and kidney diseases, there having been 248 deaths reported, as against 229, an increase of 19 deaths, and the diseases of the nervous system, there having been 36 deaths reported, as against 27, an increase of 9.

There were 181 deaths reported of infants under 1 year of age, as compared with 208, a decrease of 27; between 1 and 5 years of age there was a decrease of 2 deaths; between 5 and 65 there was an increase of 18 deaths and at 65 years of age and over, a decrease of 5 deaths.

The death rate for the first 30 weeks of 1921 was 11.89 per 1,000 of the population, as compared with a rate of 14 80 during the corresponding period of 1920, a decrease of 2.91 points per 1,000 of the population.

From January 1, to date, 74 infants under 1 year of age out of every 1,000 born, died, as compared with 92 deaths out of every 1,000 born in the corresponding perio[illegible] 1920, a decrease of 18 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

DIPHTHERIA.—Park, W. H. The degree of immunity to diphtheria insured by a negative Schick test. (Am. Jour. Dis. Child., July, 1921. pp. 1-6, tables.)

DIPHTHERIA. Zingher, Abraham. Diphtheria preventive work in the public schools of New York City. (Arch. Pediat., June, 1921. pp. 336-359, tables.)

FATIGUE.—Vernon, H. M. Influence of fatigue on health and longevity. (Jour. Ind. Hyg., July, 1921. pp. 93-98, tables.)

HEALTH.—Newsholme, Arthur. National changes in health and longevity. (Am. Statistical Assoc. Quart. pub., June, 1921. pp. 689-719, charts, tables.)

IMMIGRANTS.—Bloch, Louis. Occupations of immigrants before and after coming to the United States. (Am. Statistical Assoc. Quart. pub., June, 1921, pp. 750-764, tables.)

INFLUENZA.—Great Britain. Ministry of Health Report on the pandemic of influenza, 1918-19. 1920. 577 pp., charts. illus. (Reports on public health and medical subjects No. 4.) **616.203G7re**

Contents:
Introduction; Influenza in Great Britain and Ireland; Influenza in foreign countries; Appendices.

MENINGITIS.—Nammack, C. F. A case of epidemic meningitis treated by combined serum and vaccine therapy. (Med. Rec., July 9, 1921. pp. 67-68.)

MENTAL DISEASES.—Menninger, K. L. Influenza and epilepsy; further studies upon the relations of mental disease and influenza. (Am. J. Med. Sci., June, 1921. pp. 884-907.)

PLAGUE.—Great Britain. Ministry of Health. Progress and diffusion of plague, cholera and yellow fever throughout the world, 1914-1917, by R. Bruce Low. 1920. 276 pp., tables. (Reports on public health and medical subjects, No. 3.) **614.49G7pr**

SCARLET FEVER. Bullowa, J. G. M. Tonsils and scarlet fever. (Am. J. Dis. Child., July, 1921. pp. 29-43, tables.)

SCHOOL HYGIENE.—McCord, C. P. Health work in the schools of Albany. (Albany Med. Jour., April, 1921. pp. 109-120, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Apr. 30	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23
Total deaths	1827	1807	1256	1215	1216	1208	1070	1128	1147	1072	1069	1041	984
Annual Death Rate	12.03	11.86	11.39	11.02	11.03	10 96	9.71	10.23	10.40	9.72	9.70	9.44	8.93
*Acute Infectious Diseases	56	44	55	48	43	42	33	35	44	33	38	30	29
Pul. Tuberculosis	109	110	119	83	114	111	112	97	98	104	95	74	94
Influenza	14	10	9	11	6	6	4	6	3	1	1	1	3
Lobar Pneumonia	74	78	60	69	67	60	48	36	49	37	38	27	12
Broncho Pneum	58	52	56	49	41	38	39	19	32	27	22	38	25
**Violent Deaths	68	68	65	61	68	84	57	85	65	82	75	96	79
Deaths under 1 year	208	200	172	155	161	148	139	168	150	183	158	186	181
Rates per 1,000 births	81.8	78.7	67.7	60.9	63.3	58 2	54 7	66.1	59.2	72 1	62.3	73 4	71.4
Deaths under 5 years	298	267	249	231	231	233	204	238	228	244	240	246	245
" 5-65 years	718	725	721	676	714	720	629	637	669	600	608	575	553
" 65 years and over	311	315	286	308	271	25	237	258	250	228	221	220	186

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	284	264	284	243	246	214	340	239	346	268	201	291	241
Diphtheria	433	418	422	348	357	288	293	311	340	254	169	164	136
Measles	246	212	321	221	305	221	227	220	186	159	133	108	82
Scarlet Fever	344	290	303	287	309	279	245	211	209	104	67	47	40
Chickenpox	196	254	193	200	251	216	218	163	167	122	118	56	43
Influenza	57	49	26	17	23	11	12	11	3	5	2	4	4
Pneumonias	293	271	227	206	214	183	172	196	137	138	104	138	166
Typhoid Fever	12	9	10	7	12	7	10	4	16	16	26	25	21
Whooping Cough	170	132	169	151	168	145	186	146	180	102	112	169	149
Syphilis	238	256	192	235	195	174	202	188	223	203	251	465	200
Gonorrhoea	66	138	77	26	70	56	77	74	81	82	89	226	109
Poliomyelitis	1	1	..	..	..	2	1	1	3	4	4	6	12
Cerebro-spinal Meningitis	4	7	7	7	4	4	9	8	5	7	6	4	6
Total	2344	2301	2231	1948	2154	1800	1992	1772	1896	1464	1282	1703	1411

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, July 23, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	431	436	424	1132	696	61	9 86	9 99	9.72
The Bronx	732,016	778,528	105	108	107	271	81	14	7.38	7.24	7.17
Brooklyn	2,022,262	2,077,674	338	325	384	958	406	49	8.65	8.16	8.89
Queens	466,811	497,627	91	80	96	186	65	6	9.92	8.39	10.06
Richmond	115,959	121,252	35	35	23	47	24	1	15.46	15.06	9.90
Total	5,621,151	5,751,859	1000	984	984	2594	1272	131	9.21	8.93	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty weeks of this year there were 39,367 deaths, a rate of 11.89 per 1,000 population. During the corresponding weeks of last year there were 48,229 deaths, a rate of 14.80 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	8	36	1	..	2	5	8	47	47	9	2	40	95	129	241	66
The Bronx	1	17	1	..	..	1	1	4	4	..	..	9	8	11	71	26
Brooklyn	9	18	1	3	2	5	13	27	26	3	2	15	65	88	169	68
Queens	3	13	..	..	..	..	3	1	1	..	1	6	9	13	50	17
Richmond	1	10	..	..	..	1	..	..	..	..	..	4	4	4	22	9
Total	22	94	3	3	4	12	25	79	78	12	5	74	181	245	553	186

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	91	84.4	37	34 3	15	24	122	27.7	44	9.9	8	1.8
The Bronx	11	38 6	3	10.5	..	3	15	9.3	4	2.5	..	..
Brooklyn	67	71.3	22	23.4	3	17	88	19.7	27	6.0	6	1.3
Queens	10	55 5	1	5.5	..	1	17	16.0	2	1.8	3	2.8
Richmond	2	37 7	.	..	..	..	3	12.6	..	.	..	..
City of New York.	181	71.4	63	24.8	18	45	245	20.8	78	6.6	17	1.4

During the first thirty weeks of this year 5,637 infants died, a rate of 74. per 1,000 births. During the corresponding weeks of last year 7,082 died, a rate of 92. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor	Riverside Hospital	Grand Total
Rem'g 7-16-'21	43	95	10	32	39	41	2	33	6	8	1	2	..	..	..	59	..	548	171	1085
Admitted	7	14	2	9	2	7	1	6	.	2	..	2	..	..	..	1	..	21	11	85
Discharged ..	8	31	7	11	18	12	1	4	2	2	1	..	..	..	..	18	..	33	10	148
Died	1		..	1	1	3	..	2	.		..		..	..	..		..	..	3	11
Rem'g 7-23-'21.	41	78	5	29	27	33	2	33	4	3	..	4	..	..	..	47	..	536	169	1011
Total treated	50	109	12	41	41	48	3	39	6	5	1	4	..	..	..	60	..	569	182	1170

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	984	1,000	621	463	181	31	33	245	56	69	176	252	186
1. Typhoid Fever	4	2	2	2	..	..	..	..	2	..	1	1	
2. Malarial Fever	1	..	..	1	..	..	..	..	..	..	1	..	
5. Measles	..	4	..	..	..	..	..	..	..	..	..	..	
6. Scarlet Fever	1	1	1	..	..	..	1	1	..	..	..	..	..
7. Whooping Cough	12	11	7	5	6	3	3	12	..	..	..	..	..
8. Diphtheria	9	8	3	6	..	..	4	4	5	..	..	..	
9. Influenza	3	4	1	2	..	1	..	1	..	..	..	1	1
Poliomyelitis	3	..	1	2	..	1	..	1	2	..	..	..	..
12. Other Epidemic Diseases	5	5	3	2	4	..	..	4	..	..	..	..	1
13. Pulmonary Tuberculosis	94	96	59	35	..	1	1	2	1	19	45	24	3
	10	9	4	6	4	2	..	6	1	..	3	..	..
14. Tbc. Meningitis	8	5	5	3	1	..	1	2	2	3	1	..	..
15. Other forms Tbc.													
16. Cancer, Malignant Tumor	88	94	43	45	..	2	..	2	..	2	13	47	24
17. Simple Meningitis	3	6	1	2	..	..	2	2	..	..	..	1	..
17a. Cerebro-spinal Meningitis	3	3	3	..	1	1	..	2	..	1	..	..	..
18. Apoplexy, Softening of the Brain	17	9	3	14	..	..	1	1	..	..	2	6	8
19. Organic Heart Diseases	175	151	77	98	..	..	1	1	12	9	15	59	79
20. Acute Bronchitis	4	9	1	3	..	2	1	3	..	..	..	1	..
21. Chronic Bronchitis	1	1	1	..	..		..	..	..	..	..	1	..
22. Lobar Pneumonia	12	27	8	4	1	..	1	2	..	2	5	2	1
22a. Broncho Pneumonia	25	33	13	12	14	2	3	19	1	..	1	2	2
23. Other Respiratory Diseases	8	7	6	2	..	..	..	.	..	..	5	1	2
24. Diseases of the Stomach (Cancer excepted)	1	2	..	1	..	..	..	..	..	..	..	1	..
25. Diarrhoeal Diseases (under 5 years)	78	85	47	31	63	12	3	78	..	..	..	..	..
26. Appendicitis and Typhilitis	18	10	9	4	..	..	1	1	1	1	3	6	1
27. Hernia, Intestinal Obstruction	9	15	4	5	2	..	..	2	..	..	1	3	3
28. Cirrhosis of Liver	4	4	3	1	..	..	..	..	..	..	1	2	1
29. Bright's Disease and Nephritis	55	64	21	34	..	..	1	1	..	..	10	27	17
30. Diseases of Women (not Cancer)	5	6	..	5	..	..	..	..	..	1	2	2	..
31. Puerperal Septicaemia	1	..	..	1	..	..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	11	9	..	11	..	..	..	..	..	2	9		..
33. Congenital Debility, and Malformations	72	74	41	31	71	..	..	71	1	..	..	..	..
34. Old Age	1	3	1	..	..	..	..	..	..	..	..	..	1
35. Violent Deaths	79	68	68	11	1	2	4	7	18	21	19	12	2
a. Sunstroke	1	..	1	..	..	..	..	..	..	..	..	1	..
b. Other Accidents	73	58	62	11	1	2	4	7	18	19	17	10	2
c. Homicide	5	5	5	..	..	..	..	..	..	2	2	1	.
36. Suicide	12	9	10	2	..	..	..	..	..	2	5	5	..
*37. All other causes	155	178	74	81	13	2	5	20	10	6	31	48	40
38. Ill-defined causes	2	1	1	1	..	..	..	..	..	..	2	..	..

Deaths in Institutions,	445	Mean temperature,	75.3 deg. Fahr.
Mean barometer,	29.86	Maximum temperature,	89.0 deg. Fahr.
Mean humidity,	69.0	Minimum temperature,	64.0 deg. Fahr.
Precipitation,	.53		

†If the deaths under one month, numbering 60 from all causes, be deducted from the total deaths under one year, the resulting rate will be 48 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 5, Diabetes 22, Alcoholism 0, Locomotor Ataxia 0, Paresis 3, Arterio-sclerosis 41, all other congenital causes 7.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. AUGUST 6, 1921. No. 32.

REGULATIONS CONCERNING HABIT FORMING DRUGS, ADOPTED BY THE BOARD OF HEALTH.

At a meeting of the Board of Health, of the Department of Health, of the City of New York, held in the said City on the 25th day of July, 1921, the following resolutions were adopted:

RESOLVED, That the Sanitary Code of the Department of Health be amended by adding thereto a new Article to be known as Article 8A, to read as follows:

Article 8-A—Habit Forming Drugs.

SECTION 130.—*Prohibited Acts Constituting a Public Menace.*

Any unauthorized possession, sale, distribution, prescribing, administration or dispensation of cocaine or opium or any of their derivatives, or cannibas indica, cannibas sativa, or any of their derivatives, is hereby declared to be dangerous to the public health and a menace to the public welfare.

SECTION 131.—*Prohibited Acts.*

It shall be unlawful for any person to possess, sell, distribute, administer, dispense or prescribe cocaine or opium or any of their derivatives, or cannibas indica, cannibas sativa, or any of their derivatives; provided, however, that nothing herein contained shall be deemed to prohibit the possession, selling, distributing, administering, dispensing or prescribing of any of the drugs or their derivatives as in this article hereinafter provided.

SECTION 132.—*Authorized Acts of Trades and Professions.*

A manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, private hospital, sanitorium or institution maintained or conducted in whole or in part for the treatment of disability or disease or inebriety or drug addiction, may purchase, receive, possess, sell, distribute, prescribe, administer or dispense cocaine or opium or their derivatives, cannibas indica, cannibas sativa, or any of their derivatives, provided he shall have complied with all provisions as required by the Act of Congress of December seventeenth, nineteen hundred and fourteen, known as the Harrison Narcotic Law, as the same exists and may be amended.

SECTION 133.—*Hypodermic Syringe.*

No person except a dealer in surgical instruments, apothecary, physician, dentist, veterinarian or nurse, attendant or interne of a hospital, sanatorium or institution in which persons are treated for disability or disease, shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use

Digitized by Google

of cocaine or narcotic drugs by subcutaneous injections and which is possessed for that purpose unless such possession be authorized by the certificate of a physician issued within the period of one year, prior thereto.

SECTION 134.—*Exemptions.*

The provisions of this article restricting the possession of cocaine, opium or their derivatives or cannibas indica, or cannibas sativa, shall not apply to common carriers or warehousemen or their employees engaged in lawful transportation or storage of such drugs, nor to public officers or employees while engaged in the performance of their official duties, nor to temporary incidental possession on the part of employees while engaged in the performance of their official duties, nor to temporary incidental possession on the part of employees or agents or persons lawfully entitled to possession.

SECTION 135.—*Commitment of Addicts; Procedure; Treatment; Discharge.*

The habitual use of cocaine, opium or their derivatives, except as administered, prescribed or dispensed by a physician is hereby declared to be dangerous to the public health and safety and in violation of this article. Upon the voluntary application of an addict, any Court or Magistrate, may, if satisfied of the truth thereof and that the person is suffering from such drug addiction, commit such person to a county or city hospital or institution maintained by the City of New York, or any correctional or charitable institution maintaining a hospital in which drug addiction is treated, maintained by the City, or any private hospital, sanatorium or institution authorized for the treatment of disease or inebriety. A court or a Magistrate may likewise on voluntary application commit for treatment to any reformatory or correctional institution, maintaining a hospital or place where drug addiction may be treated, to which institution commitment could be made from the City of New York on conviction of a misdemeanor. Any court having jurisdiction of a defendant who is a prisoner in a criminal action or proceeding, if it appears that such defendant is an habitual user of any such drugs and is suffering as a result of such addiction, may if it commit an addict making voluntary application require the return to the Court of any such addict when such addict is cured or at a time stated in the order of commitment. Whenever the medical officer or Superintendent or the head of such an institution shall certify to the committing Magistrate or Court that any person so committed has been sufficiently treated or give any other reason which is deemed by the Magistrate or Court to be adequate or sufficient, he may in accordance with the terms of commitment discharge the person so committed, or return such person to await further action of the court, as above provided.

SECTION 136.—*Fraud, Deceit, Et Cetera.*

Any fraud, deceit, misrepresentation, subterfuge, concealment of a material fact or the use of a false name or the giving of a false address in obtaining treatment in the course of which cocaine or opium or their derivatives shall be prescribed or dispensed or in obtaining any supply of such drugs shall constitute a violation of the provisions of this article and shall not be deemed a privileged communication. The wilful making of any false statement in any required prescription blank, order or record shall constitute a violation of this article.

SECTION 137.—*Penalties.*

A violation of any of the provisions of this article shall constitute a misdemeanor. The Department of Health shall by virtue of the authority conferred by the provisions of the Inferior Criminal Court Act of the City of New York as amended by Section 44, Chapter 531, of the Laws of 1915, except in a case where a commitment is made in the Magistrate's Court for treatment, request upon proceeding being had before a Magistrate that violations of this article be triable in the Court of Special Sessions, held by three Justices.

Digitized by Google

Resolved, That Section 126.—HABIT FORMING DRUGS; SALE AND DISTRIBUTION REGULATED; be and the same is hereby annulled.

Resolved, That Section 127.—HABIT FORMING DRUGS; DISPOSING OF CONFISCATED; be and the same is hereby annulled.

A true copy.

CHARLES L. KOHLER, *Secretary.*

REGULATING NOISES FROM AUTOMOBILES.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said City on the 25th day of July, 1921, the following resolution was duly adopted:

RESOLVED, That Section 229 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Section 229. Automobile and other motor vehicles; loud and explosive noises prohibited. Every automobile or other vehicle equipped with a gasoline or other internal combustion engine in which gas is generated or used for the purpose of propulsion, shall be constructed so that the exhaust from such engine is made to discharge into a muffler or other device which will prevent loud or explosive noises; and no person having the management and control of any such automobile or vehicle, or operating the engine thereof, shall cause, permit, suffer or allow the exhaust from such engine to discharge into the open air, or otherwise than into a muffler or other device which would prevent loud or explosive noises.

No person having the management and control of any such automobile or vehicle, or operating the engine thereof, shall use a horn or other device for signalling except in a reasonable manner as a danger warning, nor shall any such person produce or cause, suffer or allow to be produced by means of such horn or other signalling device, a sound which shall be unnecessarily loud or harsh or which shall continue for an unnecessary and unreasonable period of time.

A true copy.

CHARLES L. KOHLER, *Secretary.*

CARE AND DISPOSAL OF MILK RECEPTACLES.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said City on the 25th day of July, 1921, the following resolution was duly adopted:

RESOLVED, That Article 9 of the Sanitary Code be amended by adding thereto a new section to be numbered "159A", to read as follows:

Section 159-A. Empty bottles, cans and other receptacles for holding milk, skimmed milk, buttermilk, cream, or ice cream, not to be contaminated with garbage and offensive materials. . . .No person shall place, or cause, or allow to be placed in or on any street, park, or any open space therewith connected, any empty bottle, can, or other receptacle used or intended to be used for the transportation and delivery of milk, skimmed milk, buttermilk, cream, or ice cream, which empty bottle, can, or other receptacle is to be returned or intended to be returned to the person so transporting or delivering such substance to be again thus used or which is liable to continued use in so transporting or delivering such substance, as aforesaid; nor shall any person place, or cause, or allow to be placed in any such empty bottle, can, or other receptacle, any refuse, dirt, garbage, or filth, or any poison, or any offensive, harmful, or deleterious substance or material whatsoever; nor shall any person place, or keep any such empty bottle, can, or other receptacle, or cause, or allow the same to be placed or kept in any place which is used for storing garbage, ashes, rubbish, refuse, or other offensive, harmful, deleterious, or dangerous substances or materials, or in any container used for receiving or transporting the same.

Digitized by Google

It shall be the duty of the owner of any empty bottle, can, or other receptacle, used or intended to be used for the transportation and delivery of milk, skimmed milk, buttermilk, cream or ice cream, to collect and remove the same promptly and the owner of such container shall not allow the same to accumulate at any place other than their own premises.

A true copy.

CHARLES L. KOHLER, *Secretary.*

CENSUS OF CITY HOSPITALS FOR MALARIA.

This survey was inspired by the report that, recently, there had been eight cases of malaria in the Lincoln Hospital in The Bronx. The Commissioner directed that the survey take on two principal phases: (1) To determine the number of cases admitted to institutions within the last few months. (2) Whether or not there were many recently arrived immigrants; and (3) To see that all institutions were properly screened, particularly those in which cases of malaria were being treated.

We found, with reference to the hospital mentioned above, that there had been during the past four months, eight cases, but that seven of them had been discharged cured. At the present time there is but one case under treatment. In but a single instance were these cases among recently arrived immigrants; all having been in this country from three to fourteen months prior to admission to the hospital.

At the Lebanon Hospital there had been two cases admitted during the past four months—one a hospital orderly, and the other a recently arrived immigrant. No other hospitals in The Bronx have had any recent cases.

Mount Sinai Hospital has treated, and discharged as cured, fourteen cases during the year (1921).

Harlem Hospital, during the past six months, has treated, and discharged as cured, six cases. There have been two cases at the Volunteer Hospital, one case at Bellevue Hospital, 1 case at Broad Street Hospital, and three cases at Gouverneur Hospital, all among recently arrived immigrants. No other hospitals in the Borough of Manhattan have treated any cases of malaria.

In the Borough of Brooklyn, one case at Cumberland Street Hospital, four cases at the Jewish Hospital, and one case at the Holy Family Hospital and two cases at Greenpoint Hospital, have been found. No other hospitals in the Borough of Brooklyn report having treated any cases.

In all instances, proper screening of actual cases was found.

No reports have been received from either the Borough of Queens or the Borough of Richmond.

ANOTHER FRAUDULENT TUBERCULOSIS CURE PROMOTER SUCCESSFULLY PROSECUTED.

Our readers will perhaps be interested in the case of Dr. Benjamin Block, against whom the Department of Health brought action, some time ago, for violation of section 118 of the Sanitary Code, a section which pertains to fraudulent representation concerning treatment. Evidence was presented at the trial which showed conclusively that Dr. Block claimed that a preparation made by him was a specific cure for tuberculosis. These claims were proven to be fraudulent and, as a result, a $500 fine was imposed by the court.

This case was of somewhat more than usual interest because of the difficulty of obtaining a sample of the preparation for analysis. Dr. Block was shrewd enough not to permit any of his "medicine" to pass outside of his hands, for, according to the deposition of one of his patients, was not his remedy "a secret preparation, the ingredients, compositions, and method of manufacturing of which were known only by himself." With this explanation, he insisted that he himself should administer it, evidently believing that by so doing he was safe from prosecution, through lack of

Digitized by Google

evidence. However, by rather clever work on the part of the Department inspectors, samples were finally obtained which, upon analysis, were found, as was to be expected, wholly without any curative value in the treatment of tuberculosis. Dr. Block's preparation, according to the analysis, was a shot-gun mixture of a great many common pharmaceuticals. The case was stubbornly contested by Dr. Block and, by taking advantage of every technicality of the law, he succeeded in obtaining adjournments, etc., which resulted in the trial being a most long-drawn out affair. However, his conviction finally followed, and, as a result, one more fraudulent cure has been eliminated from the community.

THE VACCINATION CAMPAIGN.

During the month of June vaccinations were performed in the Greater City, by the medical inspectors of the Department of Health, in accordance with the tables given below. The total vaccinations during June were 3,535, as contrasted with 16,488 effected during May.

VACCINATIONS DURING JUNE.

	No. of Centers.	No. of Inspectors.	Total No. Vac. Perf.	No. of Primary Vac.	No. of Re-Vac.	No. of Vac. Insp.	No. of Certs. Issued.
Manhattan	10	10	1226	784	442	1062	1036
Bronx	2	3	728	714	14	1309	1308
Brooklyn	9	11	1258	1221	37	2021	2021
Queens	7	8	257	246	11	338	328
Richmond	1	1	66	66	..	61	61
City	29	28	3535	3031	504	4791	4754

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 30, 1921.

The week just closed was a particularly trying one from the viewpoint of adverse atmospheric conditions. The maximum temperature reached 94 degrees, as compared with 89 degrees in the immediately preceding week; the mean temperature was 80, as compared with 75 and the minimum 68, as compared with 64. The mean humidity was 69.6, as compared with 69. The effect upon the health of the community was to increase the mortality from all causes by 107 deaths, there having been 1,225 deaths reported as compared with 1,118 in the corresponding week of 1920, the rates being respectively 11.12 and 10.30.

The extremely hot weather and its continuance during the week undoubtedly hastened the mortality among those suffering from organic diseases, as shown in an increase of 36 deaths from organic heart diseases, 8 deaths from chronic Bright's disease, 16 deaths from digestive diseases other than diarrhoeal. The acute respiratory diseases show the same mortality as in the corresponding week of 1920. Nervous diseases showed an increase of 11 deaths. There were 5 deaths reported from sunstroke during the week.

Viewed from the point of age grouping there were 16 more deaths among infants under 1 year of age, 40 more deaths between the ages 5 and 65 and 52 more deaths at 65 years of age and over. Between 1 and 5 years of age there was 1 less death. It is evident that the age groups affected were chiefly those of adult life and old age.

One death was recorded at Mt. Sinai Hospital from typhus fever. There is nothing alarming in this, because we have had for several years past occasional deaths from this cause.

The death rate for the first 31 weeks of the year was 11.87 per 1,000 of the population, as compared with a rate of 14.66 in the corresponding period of 1920, a decrease of 2.79 points.

From January 1st to date 75 out of every 1,000 children born died under 1 year of age, as compared with 92 deaths in the corresponding period of 1920, a decrease of 17 deaths per 1,000 born. If this excellent showing maintains during the rest of the year, that is, a rate of 75 per 1,000 births it will mean a saving of approximately 1,400 lives of infants, as compared with the experience of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 506 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CHILD LABOR.—Baker, S. J. Physical standards for child laborers. (Nation's Health, July, 1921. pp. 420-423.)

CHILD WELFARE.—Burnham, A. C. A child welfare station in France. (Nation's Health, July, 1921. pp. 388-389, illus.)

HEALTH.—Shipley, A. E. Health work in five industrial plants. (Nation's Health, July, 1921. pp. 411-414, tables.)

HEALTH DEPARTMENTS.—Calver, H. N. and J. A. Tobey. National health departments in review. (Nation's Health, July, 1921. pp. 391-394.)

HOUSING.—Molitor, John. Housing as it relates to public health. (Nation's Health, July, 1921. pp. 395-397, illus.)

INFANT MORTALITY.—American Child Hygiene Association. Statistical report of infant mortality for 1920, in 519 cities of the U. S., 1921. 16 pp., tables.

NUTRITION.—LaMer, V. K. Present status of nutrition and its relation to food manufacture. (Am. Food. Jour., July, 1921. pp. 7-10.)

OCCUPATIONS, DISEASES AND HYGIENE.—Hubbard, S. D. Industrial sanitation affects public health. (Nation's Health, July, 1921. pp. 415-419, illus.)

TUBERCULOSIS.—Blatt, M. L. Physical development of tuberculous children. (Am. J. Dis. Child., June, 1921. pp. 575-585, charts, tables.)

TUBERCULOSIS.—Taylor, H. L. Are eating utensils carriers of tubercle bacilli? (Am. Rev. Tuber., June, 1921. pp. 351-355, tables.)

VENEREAL DISEASES.—Stoddard, J. The venereal disease problem from a legislative point of view. (J. State Med., June, 1921. pp. 180-188.)

YELLOW FEVER. Noguchi, Hideyo. Prophylaxis and serum therapy of yellow fever. (A. M. A. Jour., July 16, 1921. pp. 181-185, tables)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	May 7	May 14	May 21	May 28	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30
Total deaths	1307	1256	1215	1216	1208	1070	1128	1147	1072	1069	1041	984	1225
Annual Death Rate	11.86	11.39	11.02	11.03	10.96	9.71	10.28	10.40	9.72	9.70	9.44	8.93	11.12
*Acute Infectious Diseases	44	55	48	43	42	33	35	44	33	33	30	29	42
Pul. Tuberculosis..	110	119	88	114	111	112	97	98	104	95	74	94	95
Influenza	10	9	11	6	6	4	6	3	1	1	1	3	1
Lobar Pneumonia.	78	60	69	67	60	48	36	49	37	38	27	12	16
Broncho Pneum...	52	56	49	41	38	39	19	32	27	22	38	25	37
**Violent Deaths ...	68	65	61	68	84	57	85	65	82	75	95	79	79
Deaths under 1 year.	200	172	155	161	148	139	168	150	133	158	136	131	247
Rates per 1,000 births	78.7	67.7	60.9	63.3	58 2	54 7	66.1	59.2	72 1	62.3	73.4	71.4	97.4
Deaths under 5 years	267	249	231	231	233	204	238	228	244	240	246	245	333
" 5-65 years ..	725	721	676	714	720	629	687	669	600	608	575	553	653
" 65 years and over	315	286	308	271	253	237	253	250	228	221	220	186	249

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	264	284	243	246	214	340	239	346	268	201	291	241	215
Diphtheria	418	422	348	357	288	293	311	340	254	169	164	136	129
Measles	212	321	221	305	221	227	220	186	159	133	108	82	77
Scarlet Fever	290	303	287	309	279	245	211	209	104	67	47	40	30
Chickenpox	254	193	200	251	216	218	163	167	122	118	56	43	17
Influenza	49	26	17	23	11	12	11	3	5	2	4	4	11
Pneumonias	271	227	206	214	183	172	196	137	138	104	138	166	131
Typhoid Fever	9	10	7	12	7	10	4	16	16	26	25	21	23
Whooping Cough ...	132	169	151	168	145	186	146	180	102	112	169	149	123
Syphilis	256	192	235	196	174	202	188	228	203	251	465	200	135
Gonorrhoea	138	77	26	70	56	77	74	81	82	89	226	109	104
Poliomyelitis	1	..	..	..	2	1	1	3	4	4	6	13	13
Cerebro-spinal Meningitis	7	7	7	4	4	9	8	5	7	6	4	8	2
Total	2301	2231	1948	2154	1800	1992	1772	1896	1464	1282	1703	1211	1135

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, July 30, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	540	582	559	1066	1854	59	12 35	13 34	12.81
The Bronx	782,016	778,528	116	128	122	296	86	15	8.10	8.58	8.18
Brooklyn	2,022,262	2,077,674	331	397	423	987	183	87	8.47	9.97	10.62
Queens	466,811	497,627	100	98	103	147	26	5	10.90	9.75	10.80
Richmond	115,959	121,252	31	25	18	48	15	2	18.69	10.76	7.75
Total	5,621,151	5,751,859	1118	1225	1225	2544	1614	118	10.80	11.12	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-one weeks of this year there were 40,592 deaths, a rate of 11.87 per 1,000 population. During the corresponding weeks of last year there were 49,347 deaths, a rate of 14.66 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	16	36	..	..	2	6	15	70	69	10	5	36	124	157	311	114
The Bronx	1	26	2	..	..	2	4	6	6	..	1	4	18	24	80	24
Brooklyn	13	18	2	1	1	7	11	45	45	2	1	25	87	119	197	81
Queens	1	6	1	..	..	1	7	3	3	1	1	3	13	16	51	26
Richmond	1	7	..	..	..	..	..	1	1	..	..	3	5	7	14	4
Total	32	93	5	1	3	16	37	125	124	13	8	71	247	323	653	249

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	117	108.6	59	54.7	23	40	150	84.0	65	14.7	13	2.9
The Bronx	19	66.6	6	21.0	1	4	25	15.5	7	4.3	1	.6
Brooklyn	93	98.9	39	41.5	12	24	124	27.7	48	10.7	12	2.7
Queens	14	78.2	2	11.2	..	2	18	16.9	3	2.8	1	.9
Richmond	4	75.8	1	18.9	..	1	6	25.2	1	4 2	1	4.2
City of New York.	247	97.4	107	42.2	36	71	323	27.4	124	10.5	28	2.4

During the first thirty-one weeks of this year 5,884 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 7,313 died, a rate of 92. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 7-23-'21.	41	78	5	29	27	33	2	33	6	3	..	2	..	..	..	46	..	536	169	1010
Admitted	4	19	7	7	1	8	6	8	..	4	..	.	..	..	..	..	..	25	..	88
Discharged	12	18	6	6	5	6	1	8	2	..	..	..	..	..	..	8	..	15	4	86
Died	..	..	1	4	..	1	..	1	..	..	..	1	..	..	..	1	..	..	3	12
Rem'g 7-30-'21.	33	84	5	26	23	34	6	32	4	7	..	1	..	..	..	37	..	546	162	1000
Total treated	45	97	12	36	28	41	7	41	6	7	..	2	..	..	..	46	..	561	169	1098

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,225	1,118	660	575	247	38	38	323	61	73	196	323	249
1. Typhoid Fever	5	4	3	2	..	..	..	..	2	1	1	..	1
2. Typhus Fever	1		1	..	..	..	..	..	..	..	..	1	..
5. Measles	4	1	.	4	1	1	1	3	1	..	..	..	..
6. Scarlet Fever	1	2	..	1	..		..	..	1	..	..	..	..
7. Whooping Cough	22	22	7	15	12	5	4	21	1	..	..	..	..
8. Diphtheria	5	11	3	2	..	..	4	4	1	..	..	..	..
9. Influenza	1	6	..	1	..	..	1	1	..	..	..	..	..
Poliomyelitis	1	2	..	1	..	..	1	1	..	..	..	..	..
12. Other Epidemic Diseases	..	4	..	..	..	..	..	..	..	..	..	..	..
13. Pulmonary Tuberculosis	93	109	54	39	2	1	..	3	..	26	40	21	3
14. Tbc. Meningitis	11	14	5	6	3	..	1	4	5	2	..	..	..
15. Other forms Tbc.	9	9	7	2	..	..	..	..	2	2	3	2	..
16. Cancer, Malignant Tumor	121	110	52	69	..	..	..	..	1	1	15	66	38
17. Simple Meningitis	6	3	3	3	..	..	..	..	1	1	1	3	..
17a. Cerebro-spinal Meningitis	5	1	4	1	..	..	1	1	2	..	1	1	..
18. Apoplexy, Softening of the Brain	12	20	8	4	..	..	..	..	..	..	1	3	8
19. Organic Heart Diseases	212	177	107	105	..	..	..	..	11	10	19	76	96
20. Acute Bronchitis	3	5	2	1	2	1	..	3	..	..	..	..	..
21. Chronic Bronchitis	..	..	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	16	25	11	5	2	3	2	7	3	..	5	1	1
22a. Broncho Pneumonia	37	22	19	18	20	4	3	27	3	..	1	3	4
23. Other Respiratory Diseases	11	5	8	3	2	1	1	4	..	..	2	3	2
24. Diseases of the Stomach (Cancer excepted)	13	5	7	3	1	1	1	3	..	1	4	..	2
25. Diarrhoeal Diseases (under 5 years)	124	121	68	56	107	10	7	124	..	..	..	..	..
26. Appendicitis and Typhilitis	31	22	17	14	..	..	1	1	6	2	3	18	1
27. Hernia, Intestinal Obstruction	13	5	9	4	2	1	..	3	1	2	..	5	2
28. Cirrhosis of Liver	13	5	5	5	..	..	..	..	..	..	1	7	2
29. Bright's Disease and Nephritis	79	71	36	43	..	1	..	1	1	1	13	31	32
30. Diseases of Women (not Cancer)	9	5	..	9	..	..	..	..	..	4	2	3	..
31. Puerperal Septicaemia	4	3	..	4	..	..	..	..	..	..	4	..	..
32. Other Puerperal Diseases	14	5	..	14	..	..	..	..	..	5	9	..	..
33. Congenital Debility, and Malformations	78	56	41	32	70	3	..	73	..	..	..	..	..
34. Old Age	3	2	..	3	..	..	..	..	..	..	..	..	3
35. Violent Deaths	79	81	63	16	1	2	9	12	9	10	22	15	11
a. Sunstroke	5	..	3	2	1	..	..	1	..	..	..	2	2
b. Other Accidents	66	75	55	11	..	2	7	9	9	9	19	12	8
c. Homicide	8	6	5	3	..	..	2	2	..	1	3	1	1
36. Suicide	18	18	7	6	..	..	..	..	..	1	8	4	..
*37. All other causes	186	174	102	84	22	4	1	27	11	4	34	67	43
38. Ill-defined causes	1	..	1	..	..	..	..	..	..	..	1	..	..

Deaths in Institutions,	570	Mean temperature,	80.1 deg. Fahr.
Mean barometer,	29.84	Maximum temperature,	94.0 deg. Fahr.
Mean humidity,	69.6	Minimum temperature,	68.0 deg. Fahr.
Precipitation,	.75		

†If the deaths under one month, numbering 73 from all causes, be deducted from the total deaths under one year, the resulting rate will be 69 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 7, Diabetes 22, Alcoholism 1, Locomotor Ataxia 3, Paresis 11, Arterio-sclerosis 34. all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. AUGUST 13, 1921 No. 33.

TAKING CHANCES WITH TYPHOID FEVER.

Although the Department of Health has, time and again, urged those who are about to take a vacation or travel out of town to be immunized against typhoid fever, these efforts have not met with satisfactory response.

In this connection, one can understand the state of mind of an individual who has never been face to face with a case of typhoid fever and has failed to have impressed upon him the sufferings, the prolonged disability, and the tragic possibilities which go with the disease. It is, however, very difficult to understand how those who, through personal experience, have come face to face with these sufferings and dangers can remain indifferent in regard to the immunization of those who are exposed to the disease. Not long ago we mentioned in this bulletin the case of a man who had had, some 35 years or more ago, an attack of typhoid, following which he had become a chronic typhoid carrier, discharging myriads of typhoid bacilli in his stools from time to time. Throughout these 35 years no cases of typhoid fever were traced to him but, in 1917, one of his children became infected, either through a momentary lapse in personal care and cleanliness, or through a lowering of the powers of resistance of the patient, but, undoubtedly, as a result of contact with the father. This patient died.

In February of this year, as a result of our investigation of a case of typhoid, resident in the Borough of Manhattan, we discovered that a member of a certain family had been afflicted with typhoid fever seven years ago and had become a carrier. This carrier had, for the past two years, some rectal trouble which caused a loss of proper control of defacation. When this carrier was discovered, all members of the family were urged to accept immunization. All but one, the brother of the carrier, were immunized. On July 5th, last, we learned that the brother, who had refused immunization five months before, was down with typhoid in one of the hospitals of this city. He died on July 8th. This case speaks for itself and shows how difficult it is to persuade people who stand in greatest need of protection to accept a typhoid immunization, even in the face of a constant and great menace to their lives.

Already a relatively large number of vacationists are returning from summer resorts with typhoid fever. The disease, in so far as it frequently affects children between 5 and 15 years of age, is an indictment of the parents, and shows a criminal neglect of a necessary and proved measure of protection. Perhaps the time will come when the death of a minor from typhoid fever will be regarded as criminal negligence on the part of the parent or guardian. Typhoid is one of the diseases which medical science has taught us how to practically always prevent.

Digitized by Google

HOW VACATIONISTS FROM NEW YORK ARE BEING PROTECTED IN ELLENVILLE.

There is a very close link which binds the residents of the City of New York to many country places which might seem remote and unrelated to the welfare of our citizens. Every year a considerable number of persons living in the city return from various resorts, at the seashore or in the mountains. with typhoid, either in the stage of incubation or already developed. On this account, the City of New York must feel grateful to rural communities in which a keen regard is shown for sanitation, and where efforts are put forth to prevent the occurrence and the spread of disease.

A communication from Dr. Edw. Goodwin has just come to the Bureau of Preventable Diseases of the Department of Health, which contains news of value to residents of this city. Dr. Goodwin, the Sanitary Supervisor of the Jewish Agricultural and Industrial Aid Society, has been most energetic in serving as medical counsellor and sanitary adviser to the farmers and boarding-house keepers who are living in a radius of many miles around Ellenville, N. Y. He has just organized what is known as the Farmers' Sanitary League. No farmer or boarding-house keeper can obtain membership in this league unless he subscribes to and rigidly observes the following sanitary code of the league:

THE SANITATION CODE OF THE FARMERS SANITARY LEAGUE.

Every member of the Farmers' Sanitary League hereby faithfully promises and agrees to institute on his premises those sanitary measures whose objects are cleanliness, sanitation and good health and pledges himself to abide faithfully by all the clauses of this Sanitary Code—and by all other clauses which may from time to time be added to this Code.

Garbage and Other Refuse.

(a) All garbage or kitchen waste shall be deposited in water tight containers.

(b) These containers shall be provided with tight covers, which shall prevent the access of flies.

(c) These containers shall be of such size and number as to provide storage for at least one day's accumulation.

(d) During the summer months these containers shall be emptied and cleaned at least once daily.

(e) The contents of these containers and other organic waste matters shall be disposed of by burial in trenches or by burning or by other methods recommended and approved by the League's Sanitary Supervisor.

Fly Prevention.

(a) From May 15th to October 1st of every year the doors and windows of all kitchens, dining rooms and all other rooms where food is prepared, served, stored, or exposed, shall be furnished with fly screens.

(b) These fly screens shall be durable, close fitting, and placed and used as to effectively exclude flies.

Sewage Disposal.

Dry Toilets.—(a) All outdoor dry toilets shall be located not closer than fifty feet from any dwelling.

(b) These dry toilets shall be so tightly built, protected and screened so as to prevent access of flies to the contents. These toilets shall be so located, built and maintained that the source of water supply of these premises or any neighboring premises, shall not be contaminated by said toilets. These toilets shall as far as possible be made to conform to those sanitary types of toilets recommended and demonstrated by the League's Sanitary Supervisor.

Cesspools.—(a) The waste from sinks and wash basins and sewage from inside toilets shall not be discharged on the ground or into any stream or water course.

(b) This waste or sewage shall be discharged into cesspools, septic tanks or standard sewage disposal systems.

(c) These cesspools, septic tanks and sewage disposal systems shall conform, as far as possible to those types of sanitary cesspools, septic tanks and sewage disposal systems recommended and demonstrated by the League's Sanitary Supervisor.

(d) These cesspools, septic tanks, and sewage disposal systems shall be so located, built and maintained that the source of water supply of these premises or any neighboring premises shall not be contaminated by them.

Pure Water Supply.

(a) All shallow wells and springs shall be protected against surface drainage, pollution and subsoil seepage.

(b) All shallow wells shall be provided with tight platforms—proper curbing and grading—and tight upper walls, and shall conform as far as possible to the sanitary type of wells recommended and demonstrated by the League's Sanitary Supervisor.

The code must be conspicuously posted in the farmhouse, and periodic inspections are made by Dr. Goodwin to insure compliance with this self-imposed code, and to give advise and counsel on all problems relating to healthful conditions on farms. The officers of the New York State Department of Health have co-operated in this activity. Every farmer who has complied with each and every requirement of the Sanitary Code receives a certificate good for a period of one year, which is a reward of sanitary merit. Any person who enters the farmhouse where this award of sanitary

Digitized by Google

merit is framed and displayed, may feel assured that everything which it is possible to do in making a farm or boarding-house a safe habitation, has been done by the owner of the place. Already there are more than 100 houses in Ellenville and its vicinity where these awards of merit to owners have been made, and where residents of this city who may engage board for the summer vacation may feel at ease with reference to health conditions.

If this movement which, so far as is known, is the first of its kind in the state, spreads, as it should, it will be possible for any resident of the City of New York to come to the Bureau of Preventable Diseases and ascertain whether a boarding house or farm at which a resident may propose to spend his vacation is certified as a sanitary and well-kept establishment. This movement is greatly to be commended and encouraged. Even those citizens who do not contemplate a visit to a place in or near Ellenville must feel gratified, because, in the final analysis, there is no resident of this city, however rich or poor, who may not come into contact, through business or social relationship, with individuals who may have acquired a communicable disease in such a place. Every effort of this kind, wherever conducted and under whatsoever auspices, means not merely that a given country locality is made healthful, but gives assurance to our great army of vacationists and travelers that they will have protection from communicable diseases in such communities.

REGULATION OF CLEANSING OF COOKING AND EATING UTENSILS.

At a meeting of the Board of Health of the Department of Health held August 1st, 1921, the following resolution was adopted:

RESOLVED, That Section 144 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Section 144.—COOKING, EATING AND DRINKING UTENSILS TO BE PROPERLY CLEANSED AFTER BEING USED.—All utensils used in the preparation, service and sale of any food or drink intended for human consumption shall be properly cleansed after being used, and no such utensil shall, under any circumstances, be used a second time unless it shall have been, after the previous use thereof, so cleansed. In such cleansing the use of water which has become insanitary by previous use is prohibited.

The term "PROPERLY CLEANSED" as herein used shall be taken to mean cleansing after each use in a solution of soap powder or soda in hot water and the employment of friction supplied by means of a brush or other suitable implement, followed by rinsing in clean hot water; by sterilization; or by some other equally effective method.

No beverages or drinks intended for human consumption shall be sold, offered for sale, or dispensed upon any stand or push cart, wagon or other vehicle, in any street or other public place, unless such beverage or drink is dispensed or served in a paper cup or other single service container.

A true copy.

CHARLES L. KOHLER, *Secretary.*

NEW MILK REGULATIONS.

At a meeting of the Board of Health of the Department of Health, held July 25th, 1921, the following resolution was adopted:

RESOLVED, That Regulation 5 of the Regulations governing the production, pasteurization, transportation, handling, storage, sale and distribution of milk, skimmed milk, cream, sour cream, buttermilk, condensed or concentrated milk, condensed skimmed milk, and modified milk intended for human consumption in the City of New York be, and the same is hereby amended to read as follows:

Regulation 5. Grading and designating milk and milk products. No milk or milk products shall be graded or designated in a manner hereinbefore provided in these

Digitized by Google

regulations until the source of supply of such milk or milk products shall have been, in each instance, approved by the Board of Health and graded and designated in accordance with such approval. No person shall bring into the City of New York any milk or milk products, nor shall any person have, keep, sell or offer for sale at any place in the City of New York any milk or milk products, the source of supply of which has not been approved by the Board of Health.

A true copy.

CHARLES L. KOHLER, *Secretary.*

DIPHTHERIA IN NEW YORK CITY.

Second Quarter 1920 and 1921.

		Manhattan	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	1536	359	989	290	41	3215
	1921	1873	769	1451	429	134	4656
Deaths reported	1920	106	26	109	23	9	273
	1921	99	29	84	26	7	245
Primary cultures	1920	6543	1701	2737	1240	374	12595
	1921	7911	2240	3703	1359	1009	16222
Positive cultures	1920	1136	296	622	235	30	2319
	1921	1048	456	759	262	81	2606
Negative cultures	1920	5130	1342	1977	945	329	9723
	1921	6491	1604	2721	1015	881	12712
Treated at home	1920	928	306	716	283	26	2259
	1921	1315	710	1232	398	104	3759
Removed to Dept. of Health Hos.	1920	608	53	273	7	15	956
	1921	558	59	219	31	30	897
Immunizations	1920	527	104	638	0	36	1325
	1921	736	122	537	0	75	1570
Case fatality	1920	.07	.07	.11	.08	.22	.09
	1921	.05	.04	.06	.06	.05	.05
Cases per 1,000 of population...	1920	2.70	1.93	1.95	2.43	1.39	2.28
	1921	3.30	3.96	2.80	3.46	4.44	3.25
Deaths per 1,000 of population ..	1920	.19	.14	.21	.19	.31	.19
	1921	.17	.15	.16	.21	.23	.17

SCARLET FEVER IN NEW YORK CITY.

Second Quarter 1920 and 1921.

		Manhattan	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	714	240	546	195	66	1761
	1921	1411	612	1228	550	66	3867
Deaths reported	1920	42	5	8	3	3	61
	1921	59	17	41	16	1	134
Treated at home	1920	535	225	452	182	56	1450
	1921	1069	573	1071	503	56	3272
Removed to D. of H. Hosps. ...	1920	179	15	94	13	10	311
	1921	342	39	157	47	10	595
Case fatality	1920	.06	.02	.01	.02	.04	.03
	1921	.04	.03	.03	.03	.02	.03
Cases per 1,000 of population...	1920	1.26	1.29	1.07	1.64	2.24	1.25
	1921	2.49	3.15	2.37	4.44	2.18	2.70
Deaths per 1,000 of population ..	1920	.07	.03	.02	.02	.10	.04
	1921	.10	.09	.08	.13	.03	.09

MEASLES IN NEW YORK CITY.

Second Quarter 1920 and 1921.

		Manhattan	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	4162	915	5051	1125	257	11510
	1921	1814	490	452	179	24	2959
Case fatality	1920	.03	.02	.02	.01	.01	.02
	1921	.03	.01	.02	.02	..	.02
Deaths reported	1920	124	14	122	8	3	271
	1921	48	6	8	4	..	66
Cases per 1,000 of population....	1920	7.32	4.91	9.94	9.43	8.73	8.16
	1921	3.20	2.53	.87	1.44	.79	2.06
Deaths per 1,000 of population ...	1920	.22	.07	.24	.07	.10	.19
	1921	.08	.06	.02	.06	..	.05

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Second Quarter 1920 and 1921.

		Manhattan	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population ...	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
New cases reported ...	1920	1933	412	1111	280	55	3791
	1921	2054	305	1049	173	33	3614
Total cases in register ...	1920	14810	3538	6746	1553	276	26923
	1921	14890	3351	6690	1425	313	26669
New patients examined at clinics	1920	2203	607	3247	253	27	6337
	1921	3392	637	2251	279	24	6583
Total visits of patients to clinics	1920	9141	3664	6934	1687	190	21616
	1921	6788	3483	7790	1777	257	20095
Cases under supervision ...	1920	96	123	325	31	5	580
	1921	162	56	383	13	5	619
Voluntary renovations ...	1920	390	145	186	66	37	824
	1921	135	0	135	213	34	517
Sputum examinations ...	1920	5555	1403	2691	556	78	10283
	1921	4766	1206	2563	487	93	9115
Positive sputum ...	1920	1081	207	556	116	16	1976
	1921	789	161	472	94	11	1527
Deaths pulmonary tuberculosis ..	1920	793	201	494	113	29	1630
	1921	706	156	432	78	29	1401
Deaths pulmonary tuberculosis per 1,000 of population	1920	1.40	1.08	.97	.95	.99	1.15
	1921	1.24	.80	.83	.63	.96	.98
Deaths all forms of tuberculosis.	1920	940	225	591	128	30	1914
	1921	821	175	498	94	32	1620
Deaths all forms of tuberculosis per 1,000 of population	1920	1.65	1.21	1.16	1.07	1.02	1.36
	1921	1.45	.90	.96	.76	1.06	1.13

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 6, 1921.

The mortality during the week just closed was slightly above that of the corresponding week of 1920, there having been 1,107 deaths and a death rate of 10.04 per 1,000 of the population reported, as compared with 1,080 deaths and a rate of 9.95 in the corresponding week of 1920, an increase in the absolute number of deaths of 27 and in the relative number of deaths of 10.

The mortality from the infectious diseases was very low and approximately the same as that of the corresponding week of 1920, with the exception of whooping cough, there having been only 4 deaths reported from it during the past week, as compared with 15. The number of deaths from digestive diseases was 202, as compared with 201; cancer showed a decreased mortality, there having been 89 deaths reported, as compared with 120; pulmonary tuberculosis showed a remarkable reduction, there having been 67 deaths reported, as compared with 101, a decrease of 34. With few exceptions, the mortality from pulmonary tuberculosis has been considerably lower in every week of the year, and this is all the more noticeable by reason of the decline in the death rate from pulmonary tuberculosis in the year 1920, as compared with the year previous, 1919, which shows that the decrease is of considerable degree, and bids fair to bring the mortality from this cause down to less than 1 per 1,000 of the population during the entire year. There were 12 deaths reported from sunstroke, as compared with none in the previous year, these deaths being the result not of the atmospheric conditions during the week but rather of those of the preceding week. Heart diseases showed an increase of 38 deaths.

The death rate among infants under one year was lower than last year, there having been 228 deaths reported, as compared with 244. Between 1 and 5 years of age showed an increase of 1 death. At the ages 65 years and over there was an increase of 32 deaths. The death rate for the first 32 weeks of the year was 11.82 per 1,000 of the population, as compared with a rate of 14.51 during the corresponding period of 1920, a decrease of 2.69 deaths.

From January 1st to date, 75 children under 1 year of age died out of every 1,000 born, as compared with 92 deaths at this age during the corresponding period of 1920, a decrease of 17 deaths per 1,000 births.

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,107	10,80	602	505	228	49	88	315	48	61	192	265	216
1. Typhoid Fever	2	3	2	..	..	..	..	..	1	1	..	..	..
2. Typhus Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	3	.	3	..	2	1	3	..	..	..	..	..
6. Scarlet Fever	2	2	..	2	..	1	1	2	..	..	..	..	..
7. Whooping Cough	4	15	1	3	1	1	2	4	..	..	..	..	..
8. Diphtheria	3	9	4	4	2	..	3	5	3	..	..	..	..
9. Influenza	3	4	2	1	..	1	..	1	..	..	2	..	..
Poliomyelitis	3	..	..	3	..	..	1	1	2	..	..	..	..
12. Other Epidemic Diseases	2	2	1	1	..	..	..	..	..	1	..	1	..
13. Pulmonary Tuberculosis	67	101	40	27	2	..	..	2	..	10	38	15	2
14. Tbc. Meningitis	6	12	4	2	2	2	1	5	1	..	..	..	..
15. Other forms Tbc.	5	11	2	3	..	1	..	1	..	3	1	..	..
16. Cancer, Malignant Tumor	89	120	42	47	..	..	..	..	..	..	12	50	27
17. Simple Meningitis	2	3	2	..	1	..	..	1	1	..	..	..	.
17a. Cerebro-spinal Meningitis	2	2	1	1	1	..	1	2	..	..	..	..	.
18. Apoplexy, Softening of the Brain	16	8	9	7	..	..	..	..	..	..	2	9	5
19. Organic Heart Diseases	187	155	92	95	1	..	..	1	9	10	18	60	89
20. Acute Bronchitis	2	3	2	..	1	..	1	2	..	..	..	..	.
21. Chronic Bronchitis	..	1	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	24	20	11	13	2	2	2	6	.	2	4	8	4
22a. Broncho Pneumonia	36	37	16	20	17	4	4	25	..	1	4	1	5
23. Other Respiratory Diseases	9	1	4	5	1	1	..	2	..		1	2	4
24. Diseases of the Stomach (Cancer excepted)	6	6	4	2	1	..	..	1	..	1	1	2	1
25. Diarrhoeal Diseases (under 5 years)	184	141	70	64	106	21	7	134	..	..	..	..	..
26. Appendicitis and Typhilitis	15	15	10	5	..	..	..	..	2	3	3	4	3
27. Hernia, Intestinal Obstruction	18	10	10	8	..	..	1	1	..	..	1	5	11
28. Cirrhosis of Liver	1	5	1	..	..	..	..	..	..	..	..	1	..
29. Bright's Disease and Nephritis	65	66	28	37	..	1	..	1	1	2	15	25	21
30. Diseases of Women (not Cancer)	10	3	..	10	..	..	..	..	..	..	8	2	
31. Puerperal Septicaemia	2	2	..	2	..	..	..	..	..	1	1	..	
32. Other Puerperal Diseases	7	10	..	7	..	..	..	..	..	..	7		.
33. Congenital Debility, and Malformations	67	59	43	24	65	1	1	67	..	..			..
34. Old Age	3	6	2	1								1	2
35. Violent Deaths	98	62	75	18	3	2	8	13	18	14	27	16	5
a. Sunstroke	12	..	9	3	3	..	..	3	..	..	3	5	1
b. Other Accidents	74	60	60	14	..	2	7	9	18	14	19	10	4
c. Homicide	7	2	6	1	..	..	1	1	..	.	5	1	..
36. Suicide	13	19	10	3	..	..	..	..	..	1	4	7	1
*37. All other causes	194	168	110	84	22	5	4	31	9	10	42	56	46
38. Ill-defined causes	7	3	4	3	..	4	..	4	1	1	1	..	.

Deaths in Institutions,	488	Mean temperature,	69.7 deg. Fahr.
Mean barometer,	29.88	Maximum temperature,	91.0 deg. Fahr.
Mean humidity,	68.4	Minimum temperature,	59.0 deg. Fahr.
Precipitation,	1.43		

†If the deaths under one month, numbering 68 from all causes, be deducted from the total deaths under one year, the resulting rate will be 63 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 10, Diabetes 18, Alcoholism 0, Locomotor Ataxia 1, Paresis 10, Arterio-sclerosis 36, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. AUGUST 20, 1921. No. 34.

IMPORTANT COURT DECISION IN REGARD TO THE PROTECTION OF FOOD FROM DUST AND FLIES.

The following is a decision recently rendered in an effort to enforce Section 142 of the Sanitary Code:

CITY MAGISTRATE'S COURT OF THE CITY OF NEW YORK, BOROUGH OF BROOKLYN, SEVENTH DISTRICT.

The People of the State of New York, on Complaint of Eva Enos, against Walter Wood, Defendant.

"The defendant, Walter Wood, is charged with violating Section 142 of the Sanitary Code, which reads as follows:

"'Sec. 142. FOOD; TO BE PROTECTED FROM DUST, DIRT, FLIES, OR OTHER CONTAMINATION.—No food intended for human consumption shall be kept, sold, offered for sale, displayed or transported, unless protected from dust, dirt, flies and other contamination.'

"The testimony of Eva Enos, an inspector of the Health Department, is substantially to the effect that at about 3.30 p. m. on the 16th day of May, 1921, at 556 Fulton street, in the Borough of Brooklyn, County of Kings, City and State of New York, where the defendant managed and conducted a restaurant known as the Capitol Lunch, she saw several pies in the window of said store, and a lot of food upon glass shelves resting upon an open counter, kept and displayed for sale without being protected from dust, dirt, flies and other contamination.

"The defendant does not seriously dispute the above facts but attempts to justify the acts complained of by advancing the following reasons:

"That the restaurant in question is operated and conducted under the commonly known 'Cafeteria Self-Service System,' where foods are placed upon the counter, and that several thousand patrons daily as they come in the restaurant take up their own trays, spoons, knives and forks, and then going to the counter they select their own dishes of foods which are kept upon the counter and glass shelves, and carry the dishes off upon their trays to the tables in the restaurant.

"That under the circumstances it would be impracticable for the defendant to have such a large number of dishes of food covered.

Digitized by Google

"Defendant also contends that Section 142 of the Sanitary Code does not prescribe the manner in which said food shall be protected, intimating thereby, that unless the ordinance prescribes how they should be covered, that the defendant cannot be guilty.

"Such a defense is untenable for the following reasons: The provisions of the Sanitary Code were enacted for the protection of the health of the public and to safeguard it from spread of diseases.

"It is a well known fact that flies are very dangerous carriers of germs and that dust and dirt contain millions of microbes and when they are permitted to get in contact with food, serious consequences may follow.

"Section 142 of the Sanitary Code was enacted to protect the public from such consequences and must therefore be construed with that object in view. It clearly provides that food must be protected; and protected in a manner that no dust, dirt or flies can come in contact therewith.

"Of course, reason and logic must be applied in construing this section as to the time and circumstances under which food can be exposed and displayed, and as to this point, it is my opinion that food exposed for such a length of time as to allow dust, dirt and flies or other contamination to come in contact therewith, must be protected in a manner which will meet the requirements of said Section.

"Where food is brought from the kitchen to the patron for immediate consumption, it clearly does not come within the purview of that section, but under the cafeteria system, foods such as pies, puddings, pastries, sandwiches, salads, fruits, etc., are placed upon the counters and glass shelves and are permitted to remain exposed and uncovered for an indefinite length of time until they are chosen and taken up by the patron for consumption.

"Certain kinds of food meet with the tastes of the majority of the people and are taken up soon after they are placed upon the counters or shelves, while other foods appeal to the taste of a few persons, making it problematical how long they will remain exposed; it may be five minutes or it may be ten minutes, it may be half an hour, one hour or the entire day, but they are left there until they are taken up by the patron and in the meantime the food is exposed to the dust, dirt and flies which can only be prevented or avoided by covering or encasing of some kind.

"It is further contended by the defendant that the Section does not prescribe in detail the manner in which the food shall be covered or protected, intimating thereby that unless the ordinance prescribes in detail the manner in which the food shall be covered the defendant cannot be guilty.

"This point is immaterial to the issue because I am not called upon to determine the sufficiency of the covering or protection of the food, but to the contrary, I am called upon to determine whether the food kept upon the counter and glass shelves wholly uncovered and unprotected until it is picked up by the patron, is in violation of the ordinance in question.

"If the food kept, displayed and offered for sale for human consumption is protected from dust, dirt, flies and other contamination it has met with the requirements of the Section of the Sanitary Code and it is immaterial how such protection is accomplished.

"The defendant should not complain that the said Section does not prescribe in detail the manner in which the food shall be covered, because, it is left to the good judgment of the business man to display his food in a manner which is most attractive to his patrons and most adaptable to his business and as long as his manner of display protects the food from dust, dirt, flies and other contamination as prescribed in said Section, he has performed his duty.

Digitized by Google

The health of the public and the prevention of the spreading of diseases is paramount to any inconvenience an individual or individuals may be put to. The spirit of the law is that food must be protected irrespective of the volume of business or the system under which it is carried on.

"I have come to the conclusion, therefore, that the defendant kept, displayed and offered for sale, food intended for human consumption without protecting same from dust, dirt, flies and other contamination in violation of Section 142 of the Sanitary Code and I find him guilty as charged in the information.

"Dated: July 20th, 1921.

GASPER J. LIDTA,
City Magistrate, City of New York,
holding a Court of Special Sessions."

MORPHINE SOLD, WITHOUT A PRESCRIPTION, BY DRUGGIST CAUSES DEATH.

Some details of a fatal case of morphine poisoning, a man, C. A. B., who died in the Knickerbocker Hospital, July 9, last, are interesting to all physicians and druggists.

Patient was brought to hospital in ambulance, July 7, 6 p. m., in a state of cyanosis, breathing 6 per minute, and with contracted pupils. History obtained showed that he had been drinking for about four days, that, after a quarrel with his wife, he had taken four tablets with suicidal intent. These tablets, according to the patient, were morphine, which he obtained at some druggist's and for which he paid $5.00. According to Dr. Stone, an interne at the Knickerbocker Hospital, the patient would not reveal the name of the store where he had purchased the tablets.

The man was given energetic treatment for acute morphine poisoning and seemed to be on the road to recovery, when on the 9th, in the presence of the attending physician, Dr. Miller, he suddenly died. The body was sent to the morgue.

Dr. Stone further states that the patient, when he first saw him, had no odor of alcohol on his breath, and no evidence of having taken methyl alcohol, and that he, evidently, was not a chronic morphine addict.

ENFORCING THE MUZZLING OF DOGS.

The following is the number of summons served on owners of dogs for not complying with Section 17 of the Sanitary Code (re unmuzzled dogs) from January 1 to July 25, last, for all Boroughs of the City.

Persons Summoned	Fined	Discharged	Sentence Suspended	Amount of Fines
1131	852	7	272	$1,168.00

The above does not include stray dogs taken up by wagons of the S. P. C. A., which are operated one day a week in Bronx, Richmond, and Queens, in charge of a patrolman of the Health Squad.

NEW REGULATIONS FOR DAY NURSERIES.

At a meeting of the Board of Health of the Department of Health, held July 25th, 1921, the following resolution was adopted:

RESOLVED, That the following regulation governing the Conduct of Day Nurseries in the City of New York and relating to Section 198 of the Sanitary Code be, and the same is hereby adopted:

Digitized by Google

Regulation 17. Every applicant for a permit to establish and maintain a Day Nursery, shall procure from the Fire Commissioner and Superintendent of Buildings of the borough in which such Day Nursery is to be located, respectively, a certificate to the effect that the buildings and premises for which a permit is desired comply with all fire and building laws, ordinances, rules and regulations applicable to Day Nurseries, and that the premises are suitable for such purpose.

Such certificates shall be filed with the Department of Health at the time application for a permit is made.

A true copy.

CHARLES L. KOHLER, *Secretary.*

WORK OF THE NURSES OF THE BUREAU OF CHILD HYGIENE.

The past year made many demands upon the nursing service of the Bureau of Child Hygiene. After-war conditions presented problems in homes, and among various members of the school children's families which demanded readjustment before the physical condition of the children could be improved or corrected. It is often futile to suggest better baby and child care where there are more acute conditions confronting the family. For the relief of these, the school and baby welfare nurse must be prepared and ready to suggest remedies, and obtain constructive relief before she can attempt to convince a mother that her child needs a better regulated diet, better sleeping quarters, and medical attention, generally. Special surveys were made, such as the investigation of housing conditions, a milk survey—a tabulation of the quantity of milk used by individual families, to determine if the high cost of milk had any bearing upon the malnourished condition of many school children. Many other equally important surveys were conducted by the nurses, in addition to the regular work of school and Baby Health Stations.

A regular day's work may mean, to the uninitiated, the mere reporting at some Baby Health Station or public school. Many are the activities of a school nurse, when we consider that each nurse has not less than 3000 to 4000 children under supervision, and at times averages many more. A day's program, which includes morning inspection and routine classroom inspection, follow-up of children with physical defects, home and dispensary visits, school consultations with parents, organization and conducting Health Leagues and Little Mothers' Leagues, are a few of the activities which help to make up a rather full day. Added to this are numerous special assignments, when the Bureau concentrates upon some public health work, when the public is to be instructed and made familiar with Schick tests and immunization against diphtheria, for instance, or vaccination against smallpox, or, with special instruction regarding the prevention of respiratory diseases and other contagious diseases.

Much additional work was accomplished by the nurses during the influenza epidemic. The then existing shortage of nurses in hospitals and elsewhere made it necessary to assign them to the Willard Parker and Riverside Hospitals for both day and night duty; others who were not so assigned gave bedside nursing care in the homes, in their respective districts. Food, clothing, and shelter for the children, medicine and hospital care, were provided, when necessary.

The demands made upon the nurse by the various members of the community are unlimited and varied. While not a social worker in the full sense of the word, the opportunities are frequent, and often put to the test the nurse's ability to help and suggest remedies. Through personal friends, philanthropic organizations and relief societies, the nurse has been successful in helping many children to regain their health or

Digitized by Google

spend a vacation in the country during the summer months. Additional milk, eggs, extra food, clothing, shoes, glasses and many other equally necessary things have been provided by holding bazaars, for the purpose of replenishing depleted school funds. Work of this kind, which entails additional hours of service, thought and energy, deserves at least honorable mention.

During the summer months special assignments of nurses are made to boats of various child welfare organizations, which make daily trips with mothers and children needing such outings. Each day, before leaving for these trips, children are examined for possible contagious diseases. During the trips the nurses distribute milk and crackers, and make use of the opportunity offered in instructing the mothers and children in general welfare problems.

When time permits special instructions are given to the nurses, lectures provided, and an effort made to keep the nurses informed and instructed along the lines of latest developments in public health work.

Detailed figures, to substantiate the activities of the school, baby welfare, prenatal and clinic nurses, will be found in the annual report of the Department of Health.

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 13, 1921.

The health of the City during the past week has been excellent as shown in the exceedingly few deaths reported, there having been only 1,043 deaths with a rate of 9.46 per 1,000 of the population, as compared with 1,153 deaths and a rate of 10.62 during the corresponding week of 1920, a decrease of 110 deaths, taking into consideration the increase in population the relative decrease is 128 deaths.

Nearly all causes of death showed a decrease in mortality, the exceptions being that of cancer and of organic heart disease, there having been an increase in the former of 16 deaths and in the latter of 3 deaths. The contagious diseases of childhood, measles, scarlet fever, diphtheria and whooping cough, show a mortality of 16 deaths as compared with one of 31 deaths in the corresponding week of 1920. Diarrhoeal diseases under five years also show a mortality of 101 deaths reported as compared with 126, a decrease of 25 deaths. The same number of deaths from pulmonary tuberculosis—67—was reported during the week as in the immediately preceding week, showing a decrease of 38 deaths in the week just closed and 34 deaths in the immediately preceding week. If this decrease in the mortality from tuberculosis continues throughout the remaining year the death rate from this cause will reach the exceedingly low figure of one per 1,000 of the population.

Infantile mortality shows a gratifying decrease, there having been 210 deaths reported as compared with 233, a decrease of 23 deaths. Between the ages of one and five years there were 70 deaths reported, as compared with 81, a decrease of 11 deaths. A great decrease in the mortality occurred between the ages of five and sixty-five years, there having been a decrease of 78 deaths. At the ages 65 years and over there was an increase of two deaths. The death rate for the first 33 weeks of the year was 11.75 per 1,000 of the population as compared with a rate of 14.40 in the corresponding period of 1920, a decrease of 2.65 points. From January 1st to date 75 children died under one year of age out of every 1,000 born, as compared with 92 deaths in the corresponding period of 1920, a decrease of 17 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CHILD HYGIENE.—Marriner, J. L. Functions and relationships of bureaus of child hygiene and bureaus of public health nursing in state boards of health. (Am. J. Pub. Health, Aug., 1921. pp. 707-711.)

DRUG ADDICTION.—Williams, E. H. Some observations of the narcotic situation. (Med. Rec., July 23, 1921. pp. 140-143.)

HEALTH.—Jackson, F. E. Concerning the health problem. (Med. Rec., July 23, 1921. pp. 143-149.)

HEALTH EDUCATION.—Turner, C. E. Health teaching and the school health program. (Am. J. Pub. Health, Aug., 1921. pp. 717-720, charts, illus.)

INDUSTRIAL MEDICINE AND SURGERY.—Martin, C. C. The doctor in modern industry. Survey made by the United States Public Health Service shows that there has been a remarkable development in the science and practice of industrial medicine within the last few years. (American Industries, July, 1921. pp. 31-34.)

INFANT MORTALITY.—Lewis, D. M. Measuring rods of infant mortality. (Am. J. Pub. Health, Aug., 1921. pp. 721-724. tables.)

N. Y. CITY DEPT. OF HEALTH. N. Y. City, Health Dept. of. Functions of the Department of Health. 1921. 10 pp. (Public Health leaflet No. 12.) **H84.21p**

NURSES, PUBLIC HEALTH.—Hastings, C. J. The value of the public health nurse in public health and welfare administrations. (Am. J. Pub. Health, Aug., 1921. pp. 712-716.)

QUARANTINE.—Grubbs, S. B. Maritime quarantine a constructive health agency. (Am. J. Pub. Health, Aug., 1921. pp. 725-728, illus.)

TUBERCULOSIS.—Burnand, R. Treatment of tuberculosis. (Internat. J. Pub. Health, July-Aug., 1921. pp. 375-383.)

TYPHOID FEVER.—Straus, A. H. Practical laboratory diagnosis of typhoid fever. Am. J. Pub. Health, Aug., 1921. pp. 729-732, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 21	May 28	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug. 13
Total deaths	1215	1216	1208	1070	1128	1147	1072	1069	1041	984	1225	1107	1043
Annual Death Rate	11.02	11.03	10.96	9.71	10.23	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9 46
*Acute Infectious Diseases	48	43	42	33	35	44	33	38	30	29	42	21	22
Pul. Tuberculosis..	88	114	111	112	97	98	104	95	74	94	93	67	67
Influenza	11	6	6	4	6	3	1	1	1	3	1	3	1
Lobar Pneumonia.	69	67	60	48	36	49	37	38	27	12	16	24	23
Broncho Pneum...	49	41	38	39	19	32	27	22	38	25	37	36	38
**Violent Deaths ...	61	68	84	57	85	65	82	75	95	79	79	93	70
Deaths under 1 year.	155	161	148	139	168	150	183	158	186	181	247	228	210
Rates per 1,000 births	60.9	63.3	58 2	54 7	66.1	59.2	72 1	62.3	73.4	71.4	97.4	89 9	82.7
Deaths under 5 years	231	231	238	204	238	228	244	240	246	245	323	315	220
" 5-65 years ..	676	714	720	629	637	669	600	608	575	553	653	566	547
" 65 years and over	308	271	255	237	253	250	228	221	220	186	249	226	216

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	243	246	214	340	239	346	268	201	291	241	215	200	244
Diphtheria	348	357	288	293	311	340	254	169	164	136	129	100	115
Measles	221	305	221	227	220	186	159	133	108	82	77	79	59
Scarlet Fever	2 87	309	279	245	211	209	104	67	47	40	30	23	32
Chickenpox	200	251	216	218	163	167	122	118	56	43	17	9	14
Influenza	17	23	11	12	11	3	5	2	4	4	11	8	17
Pneumonias	206	214	183	172	196	137	138	104	138	168	191	164	120
Typhoid Fever	7	12	7	10	4	16	16	26	25	21	33	17	23
Whooping Cough ...	151	168	145	186	146	180	102	112	169	149	123	120	135
Syphilis	235	195	174	202	188	223	203	251	465	200	185	191	229
Gonorrhoea	26	70	56	77	74	81	82	89	226	109	104	40	65
Poliomyelitis	..	..	2	1	1	3	4	4	6	12	13	23	24
Cerebro-spinal Meningiti	7	4	4	9	8	5	7	6	4	8	2	4	7
Total	1948	2154	1800	1992	1772	1896	1464	1282	1703	1211	1135	983	1100

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 13, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	523	459	440	1088	386	89	11 96	10.29	10.09
The Bronx	732,016	772,528	110	120	119	296	40	15	7.68	8.04	7.98
Brooklyn	2,022,262	2,077,674	376	351	374	945	101	89	9.62	8.82	9.39
Queens	466,811	497,627	97	81	82	224	33	7	10.57	8.49	8.60
Richmond	115,959	121,252	47	32	28	63	16	..	20.76	13.77	12.05
Total	5,621,151	5,751,859	1153	1043	1043	2616	576	100	10.62	9.46	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-three weeks of this year there were 42,742 deaths, a rate of 11.75 per 1,000 population. During the corresponding weeks of last year there were 51,580 deaths, a rate of 14.40 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	9	22	3	..	3	9	16	49	47	7	2	28	97	130	253	76
The Bronx	..	17	..	..	..	2	5	7	4	3	..	14	11	16	75	29
Brooklyn	6	15	..	1	2	10	15	40	39	1	3	19	74	101	160	90
Queens	1	10	..	..	1	1	2	8	7	..	1	1	20	23	42	16
Richmond	..	3	..	..	..	1	..	4	4	..	..	2	3	10	17	5
Total	16	67	3	1	6	23	38	108	101	11	6	64	210	280	547	216

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births.	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births.	In Institutions	Other Places	Under 5 Years of Age: All Causes	Rate per 1,000 Living.	Diarrhoeal Diseases.	Rate per 1,000 Living.	Epidemic Diseases.	Rate per 1,000 Living.
Manhattan	90	83 4	39	36 2	18	23	121	27.4	45	10.2	7	1.6
The Bronx	17	59.3	7	24.4	1	3	23	14.3	7	4.3	..	..
Brooklyn	76	80.8	34	36.2	7	25	102	22 8	42	9.4	5	1.1
Queens	20	111 1	4	22.2	2	4	25	23 5	4	3.8	2	1.9
Richmond	7	130.7	3	56 0	3	1	9	37 8	3	12 6	..	..
City of New York.	210	82.7	87	34.3	31	56	280	23.7	101	8.6	14	1.2

During the first thirty-three weeks of this year 6,322 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 7,790 died, a rate of 92. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 8-6-'21	36	67	11	23	20	35	7	31	1	6	..	3	..	..	..	33	..	554	128	955
Admitted	12	9	4	3	1	7	..	4	..	..	..	1	..	..	..	..	..	20	1	62
Discharged	9	19	7	4	10	8	5	9	..	3	..	..	..	..	..	2	..	20	4	100
Died	..	2	..	..	..	4	..	3	..	..	..	..	..	..	..	..	..	..	4	18
Rem'g 8-13-'21	39	55	8	22	11	30	2	23	1	3	..	4	..	..	..	31	..	554	121	904
Total treated	48	76	15	26	21	42	7	35	1	6	..	4	..	..	..	33	..	574	129	1017

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,043	1,153	566	477	210	32	38	280	43	62	169	278	216
1. Typhoid Fever	8	7	2	1	..	..	..	..	1	..	2	..	..
2. Malarial Fever	1	..	1	..	..	..	..	..	..	..	..	1	..
5. Measles	..	2	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever	1	3	..	1	..	..	1	1	..	..	..	..	..
7. Whooping Cough	9	15	6	3	5	2	2	9	..	..	..	..	..
8. Diphtheria	6	11	2	4	..	1	3	4	2	..	..	..	..
9. Influenza	1	6	1	..	..	..	..	..	..	..	..	1	..
Poliomyelitis	3	1	..	3	..	..	2	2	1	..	..	..	..
12. Other Epidemic Diseases	..	1	..	..	..	..	..	..	..	..	..	..	..
13. Pulmonary Tuberculosis	67	105	34	33	..	1	..	1	..	20	31	11	4
14. Tbc. Meningitis	18	6	8	5	1	3	6	10	..	2	1	..	..
15. Other forms Tbc.	3	10	1	2	..	..	..	..	..	1	2	..	..
16. Cancer, Malignant Tumor	113	97	52	61	..	..	..	..	..	1	13	72	27
17. Simple Meningitis	1	4	1	..	..	..	..	..	..	1	..	..	..
17a. Cerebro-spinal Meningitis	3	2	2	1	2	..	..	2	..	1	..	..	..
18. Apoplexy, Softening of the Brain	8	16	4	4	..	..	..	..	..	..	2	1	5
19. Organic Heart Diseases	179	185	102	77	..	..	..	..	5	6	16	65	87
20. Acute Bronchitis	6	4	3	3	3	..	..	3	..	..	..	1	2
21. Chronic Bronchitis	2	..	1	1	1	..	..	1	..	..	..	..	1
22. Lobar Pneumonia	23	26	13	10	2	4	..	6		4	5	4	4
22a. Broncho Pneumonia	38	27	17	21	14	4	7	25	..	1	1	5	6
23. Other Respiratory Diseases	7	6	4	3	1	1	1	3	..	..	1	1	2
24. Diseases of the Stomach (Cancer excepted)	6	10	3	3	1	..	..	1	..	..	2	3	..
25. Diarrhoeal Diseases (under 5 years)	101	126	55	46	87	12	2	101	..	..	..	..	..
26. Appendicitis and Typhilitis	13	25	8	5	..	..	1	1	3	..	4	5	..
27. Hernia, Intestinal Obstruction	10	14	5	5	2	..	..	2	..	..	..	5	3
28. Cirrhosis of Liver	6	8	3	3	..	..	..	..	..	..	..	4	2
29. Bright's Disease and Nephritis	56	68	21	35	..	..	..	..	1	..	12	26	17
30. Diseases of Women (not Cancer)	4	6	..	4	..	..	.	..	.	..	4	..	.
31. Puerperal Septicaemia	2	6	..	2	..	..	..	..	..	..	2	..	.
32. Other Puerperal Diseases	4	9	..	4	..	..	..	..	..	1	3	..	.
33. Congenital Debility, and Malformations	69	57	45	24	69		..	69	..	..		..	..
34. Old Age	5	3	1	4	..	..	..	..				..	5
35. Violent Deaths	70	76	52	18	..	2	7	9	20	7	19	10	5
a. Sunstroke	..	2	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	64	69	46	18	..	2	7	9	20	7	15	8	5
c. Homicide	6	5	6	..	..	..	..	..	..	..	4	2	..
36. Suicide	11	11	8	3	..	..	..	..	..	1	9	1	..
*37. All other causes	189	208	103	86	22	2	6	30	9	16	33	55	46
38. Ill-defined causes	10	4	8	2	..	..	..	..	1	..	7	2	..

Deaths in Institutions,	466	Mean temperature,	74.4 deg. Fahr.
Mean barometer,	29.90	Maximum temperature,	85.0 deg. Fahr.
Mean humidity,	71.0	Minimum temperature,	60.0 deg. Fahr.
Precipitation,	2.45		

†If the deaths under one month, numbering 76 from all causes, be deducted from the total deaths under one year, the resulting rate will be 53 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 5, Diabetes 18, Alcoholism 1, Locomotor Ataxia 2, Paresis 6, Arterio-sclerosis 43, all other congenital causes 16.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. AUGUST 27, 1921. No. 35.

POLIOMYELITIS IN NEW YORK CITY.

A study of the poliomyelitis incidence in New York City has been made, and we find that, up to August 18, 116 cases and 18 deaths have been reported, as compared with 21 cases and 8 deaths for the first seven months of 1920. The increase commenced in June, with 12 cases. The cases are distributed throughout the city and generally scattered. There are no multiple or secondary cases, and only one suspicious carrier has been found, now under investigation by the Bureau of Laboratories. Comparative tables made from this study are attached.

As the prevalence of the disease has shown no progressive increase, from week to week (see the table giving cases as reported by weeks), there is no probability that the present incidence will be exceeded.

TABLE I.

POLIOMYELITIS CASES REPORTED BY BOROUGHS.

	Manhattan	Bronx	Brooklyn	Queens	Richmond	Total Cases
January			2			2
February ...	2		4			6
March						0
April		2	3			5
May						0
June	8		4			12
July	13	9	12	3	1	38
Aug. 1	24	5	18	5	1	53
Totals ...	47	16	43	8	2	116

Digitized by Google

TABLE II.

POLIOMYELITIS CASES BY SEX AND AGE.

Age	Male	Female	Total
Under 1	6	2	8
1	8	9	17
2	12	12	24
3	12	10	22
4	4	5	9
5	6	4	10
Total under 5	48	42	90
6	5	5	10
7	2	2	4
8	2	5	7
9	1	0	1
10-14	1	1	2
15-19	1	1	2
20-24	0	0	0
25 and over	0	0	0
Totals	60	56	116

TABLE III.

POLIOMYELITIS CASES REPORTED BY WEEKS.

Week of—	Manhattan	Bronx	Brooklyn	Queens	Richmond	City Cases	City Deaths
June 11	2					2	
June 18	1					1	
June 25	3		1			4	
July 2	3		2			5	1
July 9	3		2			5	2
July 16	2	1				3	1
July 23	3	4	4	2		13	3
July 30	5	4	5	2		16	1
August 6	11	2	5	1	2	21	3
August 13	10	2	8	2		22	3
August 13-18	7	1	3	1		12	

TABLE IV.

PREVIOUS RECORD OF CASES REPORTED IN NEW YORK CITY.

Year	Cases	Deaths
1916	9023	2448
1917	139	52
1918	134	29
1919	42	15
1920	154	40
Year 1921 to Date.		
January	2	1
February	6	1
March	0	1
April	5	1
May	0	0
June	12	1
July	38	7
August 1-18	53	6
Totals	116	18

Digitized by Google

PREVALENCE OF POLIOMYELITIS IN THE U. S.

"The following table gives the number of cases of poliomyelitis (infantile paralysis) reported to the Public Health Service by State health officers from May 29 to July 23, 1921, inclusive. These reports are preliminary and necessarily incomplete. The cases are widely scattered. For instance, the 15 cases reported from Illinois for the week ended July 15 were from 13 different places, no more than 2 cases being reported from any one locality.

Poliomyelitis (infantile paralysis)—Number of cases of poliomyelitis occurring in various States, as reported to the Public Health Service by the State health officers in weekly telegraphic or mail reports.

[States omitted are those from which no reports have been received or which have reported no poliomyelitis during the period covered. Leaders indicate that reports were received but no cases of poliomyelitis were reported.]

State	Week ended (1921)— June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23
Arkansas	....	....	....	1	....	....	....	....
California	1	1	2	5	....	3	3	6
Connecticut	....	....	....	6	2	3	2	4
District of Columbia	....	....	....	....	....	3	4	3
Georgia	....	1	1	....	1	....	....	....
Illinois	....	2	4	5	10	12	15	24
Indiana	....	....	2	1	1	1	....	6
Iowa	....	....	....	....	1	1	3	1
Kansas	....	1	....	....	....	2	2	....
Kentucky	....	1	....	....	1	2	2	1
Maine	....	3	....	....	....	....	1	....
Maryland	....	1	2	3	4	1	4	8
Massachusetts	1	2	....	1	4	3	6	4
Minnesota	....	1	1	2	10	1	3	5
Mississippi	....	1	....	....	....	....	....	....
Missouri	....	....	(1)	6	....	(1)	8	3
Montana	1	....	....	....	....	....	....	....
Nebraska	....	1	....	....	3	....	1	2
New Jersey	....	2	1	1	2	(1)	3	1
New York (2)	....	....	....	1	....	2	4	10
North Carolina	1	....	3	....	4	3	1	....
South Dakota	....	....	....	....	....	....	3	....
Vermont	....	....	....	....	....	3	1	....
Virginia	....	(1)	(1)	1	....	(1)	2	1
Wisconsin	2	....	....	....	1	4	9	14

(1) No report received. (2) Exclusive of New York City.

"At this season of the year an increase in the number of reported cases of poliomyelitis is usual. The following table gives the median number of cases reported by 38 States for the months of May to November during the years 1913 to 1919, inclusive. This shows a typical seasonable distribution.

Median number of cases of poliomyelitis reported by 38 States, 1913 to 1919.

May	77
June	118
July	289
August	559
September	494
October	320
November	190

—(*From "Public Health Reports."*)

ISSUANCE OF EMPLOYMENT CERTIFICATES TRANSFERRED FROM THE DEPARTMENT OF HEALTH TO THE BOARD OF EDUCATION.

Beginning September 1st, next, in accordance with an amendment to the Compulsory Education Law and Labor Law, the direct issuance of employment certificates to children who leave school to go to work, will be transferred from the Department of Health to the Department of Education and will be handled by the Bureau of Attendance, in some ten offices, the addresses of which will be announced later.

Digitized by Google

Under the new law, every child who desires to go to work, must have a promise of employment, signed by his prospective employer, before the coveted working papers can be issued or secured. Jobs are few, so, under present conditions, the number of employment certificates will be, in all likelihood, very materially reduced. Moreover, the employment certificate bears the name of the employer as well as the place of employment, and every time the child leaves one employer for another, a new certificate, based on a new promise of employment, is required, and must bear the name of the new employer.

The law, while transferring the act of issuance from the Department of Health to the Department of Education is mindful of the fact that the former must continue to exercise its protective guardianship over the child's health, and so every child applying for an employment certificate, after securing its school record, proof of age, and promise of employment, must come to the Department of Health, and present these papers for approval, and be subjected to physical examination to determine fitness for employment, that is to say, whether it has reached the normal development of a child of its age, is in sound health and physically fit to perform the work it intends to do. In the past, thousands of boys and girls have annually been refused employment certificates, until their physical defects were remedied; and, in the future, the public may feel assured that the Bureau of Child Hygiene of the Department, will see to it that no child, rich or poor, native or foreign born, shall go to work in this city until it is normally developed and physically fit.

EDUCATIONAL CAMPAIGN AGAINST CANCER.

The American Society for the Control of Cancer is making arrangements for a National Cancer Week to be held throughout the United States and Canada from October 30 to November 5, 1921. This is the first attempt on the part of the Society to carry out a uniform campaign at one time throughout the country, and it earnestly bespeaks the co-operation of all national, State, and local agencies interested in public health.

The aim of this campaign is entirely educational, and it is desired to reach all sections of the country and as large a part of the population as possible with the message of cancer control. The thrree principal educational activities will be:

(1) The giving of lectures by well-known physicians and surgeons, who have volunteered for this service and who compose the lecture bureaus of the State and local committees for cancer control recently organized by the society.

(2) The distribution of literature at all meetings held during the week.

(3) Suitable publicity in the lay press, official health bulletins, and articles in professional journals.

For the purpose of this campaign the American Society for the Control of Cancer has organized campaign committees in practically all communities of 5,000 or more population, and has arranged for the appointment of a chairman of each of these local committees, who is to select committees to carry out the program locally. The names of these chairmen can be secured by writing to the Headquarters Office of the Society, 25 West Forty-fifth Street, New York City.

The Society seeks the co-operation and assistance of all State and local boards of health, State and county medical societies, nursing and other organizations. These organizations can assist materially in making arrangements for lectures. All persons interested in this campaign are urged to get in touch with the chairman of the local committee, or with the Headquarters Office of the Society. Suggestions are invited and all possible assistance is solicited.

Digitized by Google

POST GRADUATE COURSE FOR SHIP DOCTORS.

A graduate medical school in which ship doctors can keep abreast of the progress of their profession, especially with the most modern methods of combating transmissible diseases, will be founded in connection with the Broad Street Hospital. The directors plan to establish a course of graduate work and instruction for ships' physicians who, by the nature of their employment, are prevented from having access to clinics and lectures.

Special instruction in the use of X-Ray and radium treatment, in the diagnosis of skin and tropical disorders, and malaria, leprosy and typhus, will be given. It is pointed out that such instruction will do much toward keeping such infections out of the City.

The course will be of only four weeks' duration, along any one line, divided into a week's term at a time, thus giving the doctors an opportunity to put in their mornings and afternoons, while in port, profitably.

The new school will be officially known as the Broad Street Hospital Graduate School of Medicine, and will have as officers Dr. William H. Dieffenbach, president; Dr. A. J. Barker Savage, dean; Dr. Robert T. Morris, first vice-president; Dr. Lefferts A. McClelland, second vice-president; Dr. Walter Gray Crump, third vice-president, and Dr. Maximilian Stern, secretary.

"Not more than 200 doctors can be accommodated at one time," said Dr. Dieffenbach, "and the average class will include from ten to twenty. The X-ray departments will have one of the finest equipments in America, and we already have $40,000 worth of radium, and are now installing one of the most powerful X-ray machines ever made."

The fees to be charged, Dr. Dieffenbach said, will depend upon the outcome of the hospital's present drive for $1,000,000. Should the drive go "over the top" fees will be eliminated altogether.

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 20, 1921.

The health of the City during the week just closed was excellent, as reflected in the very low mortality rate recorded, there having been 1,086 deaths and a rate of 9.85 per 1,000 of the population, as compared with 1,082 deaths and a rate of 9.97, an absolute increase of 4 deaths and a relative decrease of 13 deaths, if the increase in population be taken into consideration.

The number of deaths from the infectious diseases of childhood, measles, scarlet fever, diphtheria and whooping cough, was 25, as compared with 24 in the corresponding week of 1920, an increase of 1 death; there were 101 deaths from diarrhoeal diseases among children under 5 years of age, as compared with 136, a decrease of 35 deaths; the pneumonias showed a decrease of 17 deaths.

The chief causes showing increases were cancer, an increase of 8 deaths; organic heart diseases, an increase of 11 deaths; Bright's disease, an increase of 21 deaths; pulmonary tuberculosis, an increase of 4 deaths.

Viewed from the point of age grouping there was a considerably diminished mortality among children under 1 year of age, 216 deaths having been recorded, as compared with 237, a decrease of 21; between 1 and 5 years of age there was a decrease of 8 deaths; between 5 and 65, an increase of 24 deaths and at 65 years of age and over, an increase of 9 deaths.

The death rate for the first 34 weeks of the year was 11.70 per 1,000 of the population, as compared with a rate of 14.27 in the corresponding period of 1920, a decrease of 2.57 points. From January 1st to date 76 infants under 1 year of age died out of every 1,000 children born, as compared with 91 deaths of children at that age in the corresponding period of 1920, a decrease of 15 deaths per 1,000 children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 508 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ARSPHENAMIN.—Anderson, H. B. Some observations on the use of arsphenamin: its effect on the kidneys and its therapeutic results. (Am. J. Med. Sc., July, 1921. pp. 80-89, tables.)

BOTULISM.—Bengtson, I. A. Direct inoculation test for B. botulinus toxin. (U. S. Public Health Service. Public Health Reports, July 22, 1921. pp. 1665-1671, tables.)

DIARRHEA.—Mitchell, A. G. The management of babies and children suffering from summer diarrhea. (N. Y. Med. J., Aug. 3, 1921. pp. 155-158.)

ENCEPHALITIS.—Haberman, J. V. Encephalitis completa. Diagnosis and differential diagnosis. (Med. Rec., July 23, 30, 1921. pp. 135-140, 187-191.)

HEALTH LEGISLATION.—American Public Health Association. Model health code for cities; report of the Committee on Model Health Legislation. 1921. 12 pp. VF

HEART DISEASES.—Barringer, T. B. Physical exercise in heart disease. (Am. J. Med. Sc., July, 1921. pp. 103-113, charts, tables.)

INFANTS DISEASES.—Herrman, C. The treatment of nutritional disorders in artificially fed infants. (N. Y. Med. J., Aug. 3, 1921. pp. 158-160.)

INFLUENZA EPIDEMIC.—Armstrong, C. and R. Hopkins. An epidemiological study of the 1920 epidemic of influenza in an isolated rural community. (U. S. Public Health Service. Public Health Reports, July 22, 1921. pp. 1671-1702, charts, maps, tables.)

LICE.—Auden, G. A. The problem of the head louse. (Med. Officer, June 11, 1921. pp. 251-252.)

MEASLES.—Picken, R. M. F. The epidemiology of measles in a rural and residential area. (Lancet, June 25, 1921. pp. 1329-1333, charts, tables.)

ORAL HYGIENE.—Hyatt, T. P. A study of dental prophylaxis. (Am. J. Pub. Health, Aug., 1921. pp. 739-740, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 28	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20
Total deaths	1216	1208	1070	1128	1147	1072	1069	1041	984	1225	1107	1043	1086
Annual Death Rate	11.03	10 96	9.71	10 23	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9 46	9.85
*Acute Infectious Diseases	43	42	33	35	44	33	38	30	29	42	21	22	31
Pul. Tuberculosis..	114	111	112	97	98	104	95	74	94	93	67	67	108
Influenza	6	6	4	6	8	1	1	1	3	1	3	1	1
Lobar Pneumonia.	67	60	48	36	49	37	38	27	12	16	24	23	21
Broncho Pneum...	41	38	39	19	32	27	22	38	25	37	36	38	25
**Violent Deaths ...	68	84	57	85	65	82	75	95	79	79	93	70	64
Deaths under 1 year.	161	148	139	168	150	183	158	186	181	247	228	210	216
Rates per 1,000 births	63.3	58 2	54 7	66.1	59.2	72 1	62.8	73.4	71.4	97.4	89.9	82.7	85.0
Deaths under 5 years	231	233	204	238	228	244	240	246	245	323	315	280	289
" 5-65 years ..	714	720	629	637	669	600	608	575	553	653	566	547	584
" 65 years and over	271	25	237	253	250	228	221	220	186	249	226	216	213

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	246	214	340	239	346	268	201	291	241	215	200	244	198
Diphtheria	357	288	293	311	340	254	169	164	136	129	100	115	102
Measles	305	221	227	220	186	159	183	108	82	77	79	59	68
Scarlet Fever	309	279	245	211	209	104	67	47	40	30	28	33	40
Chickenpox	251	216	218	163	167	122	118	56	43	17	9	14	13
Influenza	23	11	12	11	3	5	2	4	4	11	8	17	6
Pneumonias	214	183	172	196	137	138	104	138	166	191	164	120	126
Typhoid Fever	12	7	10	4	16	16	26	25	21	33	17	23	41
Whooping Cough ...	168	145	186	146	180	102	112	169	149	128	120	135	102
Syphilis	195	174	202	188	223	203	251	465	200	185	191	229	237
Gonorrhoea	70	56	77	74	81	82	89	226	109	104	40	65	111
Poliomyelitis	..	2	1	1	3	4	4	6	12	18	23	24	19
Cerebro-spinal Meningiti	4	4	9	8	5	7	6	4	8	2	4	7	11
Total	2154	1800	1992	1772	1896	1464	1282	1708	1211	1185	983	1100	1074

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 20, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	475	478	477	1169	297	43	10 86	10 95	10.98
The Bronx	732,016	778,528	110	128	118	326	82	13	7.68	8.58	7.91
Brooklyn	2,022,262	2,077,674	371	340	360	927	356	41	9.50	8.54	9.04
Queens	466,811	497,627	81	101	99	218	34	10	8.83	10.59	10.47
Richmond	115,969	121,252	45	39	32	52	10	2	19.88	16.78	13.77
Total	5,621,151	5,751,859	1082	1086	1086	2692	779	109	9.97	9.85	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-four weeks of this year there were 43,828 deaths, a rate of 11.70 per 1,000 population. During the corresponding weeks of last year there were 52,662 deaths, a rate of 14.27 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	12	82	1	..	1	5	12	64	60	9	..	27	125	162	243	73
The Bronx	4	28	..	1	1	2	3	7	5	3	..	2	10	18	83	27
Brooklyn	6	19	1	..	1	10	8	26	26	2	1	21	56	80	180	80
Queens	2	14	1	..	..	3	2	7	7	1	..	12	17	19	57	25
Richmond	1	10	..	..	..	1	1	3	3	..	..	1	8	10	21	8
Total	25	103	3	1	3	21	26	107	101	15	1	63	216	289	584	213

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	110	101.9	41	38 0	24	22	148	33.6	55	12.5	11	2.5
The Bronx	15	52 2	5	17.4	1	2	23	14.3	7	4.3	3	1.8
Brooklyn	62	65.9	20	21.3	3	15	85	19 0	29	6.4	5	1.1
Queens	20	110 8	6	33.2	2	3	22	20.7	7	6 6	2	1.9
Richmond	9	169 4	3	56.5	..	3	11	46 2	3	12 6	1	4.2
City of New York.	216	85.0	75	29.5	30	45	289	24 5	101	8.6	22	1.8

During the first thirty-four weeks of this year 6,538 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,027 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 8-13-'21.	39	55	8	22	11	30	2	23	1	3	..	4	..	..	..	31	..	554	121	904
Admitted	8	24	2	7	4	6	..	6	..	..	..	1	..	..	..	..	..	19	1	78
Discharged	5	25	5	1	2	3	1	6	..	..	..	1	..	..	..	1	..	22	3	75
Died	1	3	..	3	..	1	..	2	..	..	..	..	..	..	..	..	..	1	3	14
Rem'g 8-20-'21.	41	51	5	25	13	32	1	21	1	3	..	4	..	..	..	30	..	550	116	893
Total treated	47	79	10	29	15	36	2	29	1	3	..	5	..	..	..	31	..	573	122	982

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1,086	1,082	617	469	216	43	30	289	62	53	184	285	213
1. Typhoid Fever	3	6	3	..	..	..	..	..	..	..	2	..	1
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	..	2	1	..	1	2	3	..	..	..	..	..
6. Scarlet Fever	2	3	..	2	..	..	1	1	1	..	..	..	..
7. Whooping Cough	11	17	7	4	4	5	2	11	..	..	..	..	..
8. Diphtheria	9	4	5	4	3	..	4	7	2	..	..	..	..
9. Influenza	1	3	1	..	..	..	..	..	..	..	..	1	..
Poliomyelitis	2	..	..	2	..	..	..	..	2	..	..	..	..
12. Other Epidemic Diseases	2	6	..	2	2	..	..	2	..	..	..	..	..
13. Pulmonary Tuberculosis	103	99	68	35	2	..	..	2	2	15	53	29	2
14. Tbc. Meningitis	3	10	4	4	3	1	2	6	1		1	..	..
15. Other forms Tbc.	13	13	6	7	2	..	..	2	1	..	5	3	2
16. Cancer, Malignant Tumor	97	99	43	54	..	..	1	1	..	..	15	47	34
17. Simple Meningitis	1	7	1	..	1	..	..	1	..	..	..	..	..
17a. Cerebro-spinal Meningitis	3	3	3	..	2	..	..	2	..	1	..	..	..
18. Apoplexy, Softening of the Brain	16	9	7	9	1	..	..	1	..	..	1	4	10
19. Organic Heart Diseases	184	179	91	93	1	..	..	1	11	8	16	72	76
20. Acute Bronchitis	3	4	..	3	2	..	..	2	..	..	..	..	1
21. Chronic Bronchitis	1	1	1	..			..		..	..	..	..	1
22. Lobar Pneumonia	21	23	16	5	2	1	..	3	1	2	6	6	3
22a. Broncho Pneumonia	26	41	20	6	14	5	1	20	2	..	1	2	1
23. Other Respiratory Diseases	9	8	4	5	..	..	..	..	..	1	2	4	2
24. Diseases of the Stomach (Cancer excepted)	10	7	9	1	4	2	..	6	..	1	1	1	1
25. Diarrhoeal Diseases (under 5 years)	101	136	59	42	75	22	4	101	..	..	..	..	..
26. Appendicitis and Typhilitis	24	21	14	10	..	..	2	2	4	4	9	5	..
27. Hernia, Intestinal Obstruction	13	12	9	4	..	..	1	1	1	..	3	7	1
28. Cirrhosis of Liver	5	5	1	4	..	..	..	..	..	..	..	2	3
29. Bright's Disease and Nephritis	74	58	36	38	..	..	..	..	2	2	15	29	26
30. Diseases of Women (not Cancer)	5	4	..	5	..	..	..	..	..	..	3	2	.
31. Puerperal Septicaemia	2	3	..	2	..	..	..	..	..	1	1	..	
32. Other Puerperal Diseases	10	10	..	10	..	..	..	..	..	..	10	..	.
33. Congenital Debility, and Malformations	74	50	45	29	74	.	..	74	..	..	..	..	..
34. Old Age	2	7	2	..	..	..	..	..	..	..	..	..	2
35. Violent Deaths	64	74	47	17	1	3	6	10	20	7	13	9	5
a. Sunstroke	1	2	..	1	..	..	..	..	..	..	..	1	..
b. Other Accidents	62	71	46	16	1	3	6	10	20	6	13	8	5
c. Homicide	1	1	1	..	..	..	..	..	..	1	..	..	..
36. Suicide	15	10	14	1	..	..	..	..	..	1	7	6	1
*37. All other causes	162	167	95	67	23	1	4	28	11	10	16	56	41
38. Ill-defined causes	7	1	4	3	..	2	..	2	1	..	4	..	..

Deaths in Institutions,	477	Mean temperature,	72.0 deg. Fahr.
Mean barometer,	29.79	Maximum temperature,	86.0 deg. Fahr.
Mean humidity,	67.7	Minimum temperature,	58.0 deg. Fahr.
Precipitation,	.74		

†If the deaths under one month, numbering 74 from all causes, be deducted from the total deaths under one year, the resulting rate will be 56 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 5, Diabetes 24, Alcoholism 0, Locomotor Ataxia 1, Paresis 1, Arterio-sclerosis 37, all other congenital causes 18.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. SEPTEMBER 3, 1921. No. 36.

THE SCHICK TEST AND THE ADMINISTRATION OF TOXIN-ANTITOXIN FOR THE PREVENTION OF DIPHTHERIA.

While the last twenty-five years have witnessed a reduction in the mortality from diphtheria, largely as the result of prompt and sufficient administration of antitoxin—a reduction of from 150 per 100,000 of the population, to 21 per 100,000 of the population—it is apparent that we have almost approached the limit of control of this disease by the older methods of isolation, quarantine, disinfection, and antitoxin administration. As the statistics of the last decade show there has been practically no reduction in the morbidity of diphtheria. During recent years, from 12,000 to 14,000 cases of diphtheria have been reported in the City, with from 1,000 to 1,200 deaths. This limitation of control is due to the fact that many susceptible individuals contract diphtheria, not by exposure to cases ill with or convalescent from the disease, but, from carriers or persons in apparent health, who harbor diphtheria bacilli of varying degrees of virulence in their throats or noses. It is well known that a large percentage of diphtheria cases have not been in contact with known cases of the disease. Furthermore, many mild cases of diphtheria, presenting evidence of only reddened throat, or tonsillar exudate—the so-called "missed-cases," and many cases of nasal diphtheria, are unrecognized and untreated. These contribute in no small way to the infection of susceptibles.

With, approximately, 1 per cent. of the population acting as carriers, and with many thousands of missed cases, it became apparent that the control of diphtheria was a most difficult problem, unless we could determine which individuals were susceptible, and render them immune to infection. In the City of New York, the problem was further complicated by the fact that, even if it were possible or practical to control the large number of carriers in our own population, we would still have to reckon with the large daily floating population of half a million, in whom it is reasonable to assume this same 1 per cent. of carriers exist.

This stationary incidence and mortality of diphtheria in the City has existed in spite of all rules and regulations of report, quarantine, educational propaganda, administration of antitoxin, school medical inspection, school exclusion, improved hygiene and sanitation, and has been due, largely, to the aforementioned factors, namely, inability to isolate and control carriers and missed-cases. With the inten-

Digitized by Google

sive school medical supervision exercised by the Bureau of Child Hygiene, in recent years, the prevalence of diphtheria, as well as of other major diseases among school children, has been materially reduced. For instance, the rate of diphtheria cases found in children of the schools and excluded, for 1910, was 1.08 per thousand children, as against .02 per thousand children, in 1920.

As a result of numerous laboratory experiments and clinical observations, conducted for several years by the Bureau of Laboratories in hospitals and institutions, it was established that the Schick test afforded a simple, convenient and reliable means for determining the susceptibility or immunity of individuals to diphtheria, and that the administration of three doses of toxin antitoxin, given one week apart, to susceptibles, would protect the vast majority of them—90 per cent. or more—against diphtheria, perhaps even during their life-time.

The Schick test and the administration of toxin antitoxin offered such great possibilities, that the Department of Health, through the Bureaus of Child Hygiene, Preventable Diseases, and Laboratories, were ordered by the Commissioner to start an educational campaign to popularize the Schick test and immunization against diphtheria, in the hope that there would ensue a better control of this formidable disease. As a result, the Directors of the Bureaus named were appointed as a committee—the Schick Committee—to formulate a program for conducting the Schick test on a large scale, in order to detect susceptibles or immunes, and to provide for the injection of toxin antitoxin, to as large a number of the child population as possible. This committee recommended as follows.

1. An intensive campaign be conducted in the Baby Health Stations to promote the application of the Schick test, as soon as present campaign to increase vaccination against smallpox has been concluded.
2. Selected regions, especially those census areas in which the greatest mortality from diphtheria occurred during 1918, are to be selected for the purpose of promoting the Schick test and active immunization. The Bureau of Laboratories will concentrate upon schools of these census areas and other selected regions, in co-operation with the Bureau of Child Hygiene.
3. The Committee recommends the printing and distribution of additional circulars and placards, advocating to parents and guardians the employment of the Schick test and active immunization.
4. The records of the number of Schick tests performed during past years and during the current year, by the Bureaus of Child Hygiene, Laboratories, and Preventable Diseases, respectively, should be forwarded to the Director of the Bureau of Preventable Diseases, to be collected and compiled by him so as to be available for publicity work, and, as a means of certifying to the Commissioner, the total volume of work which has been done in this field, throughout the City, by the Department, as a whole.

Inasmuch as the Bureau of Child Hygiene has under its supervision, throughout the year, some 48,000 children under two years of age, at the Baby Health Stations, and, approximately, one million public, parochial and kindergarten children, and, inasmuch as through the home visits of its field nurses, it came in intimate touch with the pre-school age group,—2 to 6 years—it was very naturally decided that this Bureau should be the one through which the bulk of this work should be performed. Although, it was generally agreed and recognized that the most susceptible children were found in the pre-school age, 2 to 6 years,—or more accurately, in the group from six months to five years, of age—it was felt that approach through the school population would be the most expedient and practical, for several reasons:

1. A large group of, approximately, one million children was readily accessible and more or less easily controlled, supervised and followed up.
2. The school age was responsive to education and to health work, and could be made to understand the importance of the procedure.
3. The school child could carry the story of diphtheria prevention into the homes, and prevail upon parents to have the smaller brothers and sisters tested and immunized.
4. The co-operation of the school authorities would enhance our efforts and further the educational propaganda.
5. As the general public came to learn, through the school children, of the simplicity of the test and the practical harmlessness of the toxin-antitoxin injections, the application of both to the younger and more susceptible age groups would follow, as a matter of course.
6. Such approach offered the possibility of securing, with least effort, a large volume of reliable statistics, which would be of value for formulating future constructive plans. It was less time consuming, more economical, more accurate and uniform than house to house visitation.

It having been decided that the schools were to be the main avenue of attack, it became necessary to secure the co-operation of the Department of Education,

Digitized by Google

and the authorities of the parochial schools. The Director of Physical Training, of the Department of Education, under whose immediate jurisdiction this phase of activity was placed by the aforementioned department, gave the Bureau of Child Hygiene his whole-hearted support and co-operation and, by circularization of the district superintendents and principals, aroused a very active interest and willingness on their part, as well as on the part of the teachers, to have this work conducted in the schools on a comparatively large scale. Only after the office of the Director of Physical Training, Department of Education, secured the consent and co-operation of the school district superintendents and principals, did we proceed in the schools. It must be said that the enthusiastic support afforded by the school authorities, particularly by many principals, was responsible in no small way for the dispatch and decorum with which many hundreds of thousands of cases were tested and injected in the schools. So interested did some of the principals become that they had letters printed and addressed to parents, notifying them of the dangers of diphtheria, and the means of prevention, through the Schick test and toxin-antitoxin administration, emphasizing their personal confidence in the procedure, by informing them that members of their own families had been tested and injected.

The first half of the year was taken up largely in preparation for the "Schick Campaign," as we termed it. Special circulars of instruction to parents, with an affixed consent slip; "After-Care of Arm" circulars; certificates of successful immunization; report forms; circulars for physicians; plates showing positive, negative, pseudo, and combined reactions; and various articles on the subject in Departmental publications, were prepared and distributed. It is very important, in work of this kind, that records be accurate, for it is no small matter to have a negative reaction improperly or carelessly charged to a child, to give it an immune certificate, and then, later, to have it develop diphtheria. As a further preparation for this work, the Director and Assistant Directors of the Bureau of Laboratories, and their assistants, gave several talks and practical demonstrations to the inspectors and nurses of the other Bureaus, outlining in great detail the rationalé of the Schick test and toxin-antitoxin injections; the results of their many experiments and observations; their confidence in the procedure, if properly performed and interpreted; the preparation of the diluted toxin for the test, and of the heated or neutralized toxin for the control; the interpretation of readings, as negative, positive, pseudo and combined; the proper administration of toxin antitoxin; the possibility and frequency of local and constitutional reactions, etc. The field force was impressed with the importance of three essentials, upon which the reliability of the test depends, namely, (a) A standard toxin dilution of proper strength; (b) Accurate technique in the injection, by means of a good syringe and suitable fine needle; (c) The accurate interpretation of the re-action. Practical demonstrations to emphasize and impress these facts were given on several occasions, because, unless the three essentials above mentioned obtain, unjustified criticism and distrust in the value and efficiency of the test will follow.

By the fall of the year, the inspectors were sufficiently conversant with the procedures to undertake the work in the schools and the Baby Health Stations. The school authorities were also prepared for the work, through the distribution of appropriate literature to the principals and teachers, and through short, simple, non-technical talks by representatives of the Bureau of Laboratories, the Borough Chiefs, Supervising Inspectors, Supervising Nurses, etc. At these talks, such important points were emphasized as, the constant morbidity and mortality from diphtheria; the large number of deaths under five years of age from the disease; the large number of complications among those recovering from it; the inability to reduce the incidence of the disease by older methods; the danger to all sus-

Digitized by Google

ceptible individuals from diphtheria carriers and missed-cases; the protection against diphtheria which those showing negative or pseudo reactions enjoy; and the practically complete protection against diphtheria in those toxin-antitoxinized with three injections. Many talks were also given to mothers' clubs, and to pupils on special occasions.

This work was conducted, not only in the public schools, but also in a number of parochial schools—the Catholic School Boards of Manhattan and Brooklyn, showing a commendable spirit of co-operation, and joining with the Department in the preparation of a special circular of instruction, bearing their name.

It was fundamental with us, during the performance of this work, that no child was "Schicked" or toxin-antitoxined, without the signed consent of the parent or guardian. On the whole, very little difficulty was experienced in securing consent, and the number of consents in any given school was in direct proportion to the interest and co-operation of the principals. Most pupils responded willingly to the test and injections. In fact, in some cases, they realized the importance of the procedure more than the parents.

In our educational literature, emphasis has been given to the fact that the family physician should be consulted, and that only in the event of his refusal or unwillingness to perform the test, and administer the injections, would the Department finally proceed, always, of course, with the written consent of the parents. It has been our endeavor to divert this work, so far as possible, to the private physician, whenever the families were able to pay for such services; but it was unfortunate that comparatively few physicians either availed themselves of the opportunity of learning the technique and interpretation of reactions, at the various centres at which the Department offered to instruct them, or of applying the test among their clientele. Perhaps, with better understanding on the part of physicians of the technique of the test and the interpretation of the reactions, the work will be undertaken by them on the scale which it merits.

In doing this work, one group of inspectors applied the Schick test by using the diluted toxin alone, while a second group used the diluted toxin on one forearm and the control test, with heated diluted toxin, on the other. The latter group felt that the control test not only enabled them to diagnosticate or read pseudo reactions more accurately, but offered an index of the likelihood of local or constitutional reaction following toxin-antitoxin injections. It has been our experience that the local and constitutional reactions were few and far between, and seldom of a degree and duration to warrant apprehension. All were agreed, however, that the younger the individual, the less likely a reaction after toxin-antitoxin. There have been some differences of opinion, in certain cases, as to the interpretation of the reaction following the Schick test. In the present stage of development it seems to us the better and safer plan to consider all doubtful or weak reactions as positive, and administer toxin-antitoxin.

The Schick test and toxin-antitoxin injections were performed and administered in the Baby Health Stations and in the public and parochial schools.

Baby Health Stations: In order to co-operate in the reduction of diphtheria incidence and mortality among infants and young children, the Baby Health Station service was extended to perform Schick tests, and to administer toxin-antitoxin injections to the limit of their capacity. This work was performed at practically all the Baby Health Stations, by the regular staff.

Unfortunately, the number of Schick tests performed in the Baby Health Stations, during 1920, was not as large as we desired. It must be remembered, however, that it takes time to educate the public in all types of preventive health work and, more especially, in such types as require any injection into the body. Our success in this regard is to be judged rather by the amount of educational propaganda we spread, than by the number of Schick tests performed, or the

Digitized by Google

number of injections made. In all, some 1,572 Schick tests were performed; in 731 cases, one injection of toxin-antitoxin was given; in 447, two injections; and in 375 cases, three injections; 170 successful vaccination certificates were issued. In 101 cases, natural immunity was found to exist.

In order that as many children of the pre-school age as possible should be protected against diphtheria, the field nurses of the Bureau of Child Hygiene urged parents living in districts where a Baby Health Station did not exist, to take these children to the clinics of centres operated by the Bureau of Preventable Diseases.

Schools: At the public and parochial schools, the work, at first, was confined to the children of the kindergarten classes, and later extended to children of older age. Here special workers from the Bureau of Laboratories took active part, assisted by the inspectors and nurses of the Bureau of Child Hygiene.

The following statistics show the amount of Schick work and toxin-antitoxin injections performed at the public and parochial schools and Baby Health Stations during last year:

SCHICK TESTS AND TOXIN ANTITOXIN INJECTIONS—1920.

	No. Made.	Results. Pos.	Neg.	Pseudo.	Comb.	No. Inject. Given. 1s.	2nd	3rd	Success. Im. Certif.	Neg. Reaction Certif.
BABY HEALTH STATIONS.										
Manhattan	545	190	149	30	33	80	66	25	9	57
Bronx	18	4	9	2	1	....	....	....	1	7
Brooklyn	1,009	250	86	1	4	651	381	350	159	37
Queens	....	....	....	....	....	....	....	....	....	....
Richmond	....	....	....	....	....	....	....	....	....	....
Totals	1,572	444	244	33	38	731	447	375	169	101
PUBLIC SCHOOLS.										
Manhattan	2,330	793	1,040	101	15	799	317	282	115	323
Bronx	446	114	279	15	0	39	56	31	13	38
Brooklyn	7,539	2,905	2,763	0	24	4,803	2,552	1,698	45	55
Queens	512	200	189	20	14	192	136	117	24	71
Richmond	127	77	50	....	....	72	61	49	....	44
Totals	10,954	4,089	4,371	136	53	5,955	3,122	2,177	197	531
PAROCHIAL SCHOOLS.										
Manhattan	166	126	218	143	5	112	111	88	....	136
Bronx	....	....	....	....	.. .	....	....	....	....	....
Brooklyn	....	....	....	....	....	....	....	....	....	....
Queens	....	....	....	....	....	....	....	....	....	....
Richmond	....	....	....	....	....	....	....	....	....	....
Totals	166	126	218	143	5	112	111	88	....	136
GRAND TOTALS. (BABY HEALTH STATIONS, PUBLIC AND PAROCHIAL SCHOOLS.)										
Manhattan	3,041	1,609	1,407	274	53	991	494	395	124	516
Bronx	464	118	288	17	1	89	56	31	14	45
Brooklyn	8,548	3,155	2,849	1	28	5,454	2,933	2,048	204	92
Queens	512	200	189	20	14	192	136	117	24	71
Richmond	127	77	50	....	....	72	61	49	....	44
Totals	12,602	4,659	4,783	312	96	6,798	3,680	2,640	366	768

While a large amount of valuable work in the prevention of diphtheria was performed during the year 1920, it must be said that this was largely in the nature of preparation for the greater campaign that will be conducted during 1921. This has paved the way for intensive and continued Schick work and toxin-antitoxin immunization in the years to come, by a general campaign of education among physicians, nurses, social workers, school authorities, parents and children. Time will decide the effectiveness of this procedure upon diphtheria incidence in New York City, and we have confidence that a material reduction will ensue. We feel that the procedure is being popularized, that the public in general are gaining confidence in it and that soon the Schick test and toxin-antitoxin injections will be looked upon and sought as a preventive against diphtheria, much as vaccination is now considered a protection against smallpox.

We earnestly ask the co-operation of all physicians during the approaching school year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

B. INFLUENZAE.—Chesney, A. M. An immunologic study of bacillus influenzae. (J. Infec. Diseases, Aug., 1921. pp. 132-140, tables.)

HEALTH OFFICIALS.—Ferrell, J. A. Measures for increasing the supply of competent health officers. (A. M. A. Jour., Aug. 13, 1921. pp. 513-516, tables.)

INFANT MORTALITY.—Rockefeller Foundation. International Health Board. Infant mortality in New York City; a study of the results accomplished by infant-life saving agencies. 1885-1920, by E. C. Meyer. 1921. 135 p. **614.132R59**

MENTAL DISEASES.—Furbush, E. M. Social facts relative to patients with mental diseases. (Mental Hygiene, July, 1921. pp. 587-611, tables.)

MENTAL HYGIENE.—Campbell, C. M. Mental hygiene in industry. (Mental Hygiene, July, 1921. pp. 468-478.)

PLAGUE.—Boyd, M. F. Experience with bubonic plague (human and rodent) in Galveston, 1920. (U. S. Public Health Service. Public Health Reports, July, 29, 1921. pp. 1754-1764, tables.)

POISONING, ALCOHOL.—Zeigler, S. L. Ocular symptoms of wood alcohol toxemia. (New York State J. M., August, 1921. pp. 288-291.)

POLIOMYELITIS.—Peabody, F. W. A report of the Harvard Infantile Paralysis Commission on the diagnosis of acute cases in 1920, with special reference to the incidence of cases without paralysis. (Boston M. & S. J., Aug. 11, 1921. pp. 174-176, table.)

PUBLIC HEALTH.—Daley, W. A. The costs and results of various public health activities. (Med. Officer, July 23, 1921. pp. 39-40.)

SEX EDUCATION.—Kefauver, C. R. Sex education of the child; how the nurse may help. (Am. J. Nursing, August, 1921, pp. 779-782.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births
For Thirteen Weeks

	June 4	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27
Total deaths	1208	1070	1128	1147	1072	1069	1041	984	1225	1107	1043	1086	1056
Annual Death Rate	10 96	9.71	10.23	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9 46	9.85	9.58
*Acute Infectious Diseases	42	33	35	44	33	33	30	29	42	21	22	31	21
Pul. Tuberculosis..	111	112	97	98	104	95	74	94	93	67	67	103	96
Influenza	6	4	6	8	1	1	1	3	1	3	1	1	..
Lobar Pneumonia.	60	48	36	49	37	38	27	12	16	24	23	21	22
Broncho Pneum...	38	39	19	32	27	22	38	25	37	36	38	26	25
**Violent Deaths ...	84	57	85	65	82	75	95	79	79	93	70	64	77
Deaths under 1 year.	148	139	168	150	183	158	186	181	247	228	210	216	199
Rates per 1,000 births	58 2	54 7	66.1	59.2	72 1	62.3	73.4	71.4	97.4	89.9	82.7	85 0	78 4
Deaths under 5 years	233	204	238	228	244	240	246	245	323	315	280	289	262
" 5-65 years ..	720	629	637	669	600	608	575	553	653	566	547	584	566
" 65 years and over	25	237	253	250	228	221	220	186	249	226	216	213	228

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	214	340	239	346	268	201	291	241	215	200	244	198	265
Diphtheria	288	293	311	340	254	169	164	136	129	100	115	102	77
Measles	221	227	220	186	159	133	108	82	77	79	59	68	26
Scarlet Fever	279	245	211	209	104	67	47	40	30	28	33	40	35
Chickenpox	216	218	163	167	122	118	56	43	17	9	14	13	7
Influenza	11	12	11	3	5	2	4	4	11	8	17	6	2
Pneumonias	183	172	196	137	138	104	138	166	191	164	120	135	98
Typhoid Fever	7	10	4	16	16	26	25	21	33	17	28	41	66
Whooping Cough ...	145	186	146	180	102	112	169	149	128	120	135	102	105
Syphilis	174	202	188	223	203	251	465	200	185	191	239	237	222
Gonorrhoea	56	77	74	81	82	89	226	109	104	40	65	111	46
Poliomyelitis	2	1	1	3	4	4	6	12	13	23	24	10	22
Cerebro-spinal Meningitis	4	9	8	5	7	6	4	8	2	4	7	11	8
Total	1800	1992	1772	1806	1464	1282	1703	1211	1135	983	1100	1074	1019

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 27, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	508	476	469	945	340	55	11 62	10 91	10.76
The Bronx	732,016	778,528	124	116	121	268	59	15	8.66	7.77	8.11
Brooklyn	2,022,262	2,077,674	350	351	362	960	263	40	8.96	8.81	9.09
Queens	466,811	497,627	78	81	81	179	87	6	7.96	8.49	8.49
Richmond	115,959	121,252	38	32	23	58	4	3	14.58	18.77	9.90
Total	5,621,151	5,751,859	1088	1056	1056	2410	703	119	10.02	9.58	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-five weeks of this year there were 44,884 deaths, a rate of 11.64 per 1,000 population. During the corresponding weeks of last year there were 53,750 deaths, a rate of 14.15 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	4	36	2	..	..	13	16	50	43	4	4	36	98	126	249	101
The Bronx	2	22	..	..	1	5	5	8	8	1	1	7	16	20	71	25
Brooklyn	7	21	2	..	3	5	4	38	37	3	..	22	61	84	186	81
Queens	1	8	..	..	..	1	1	7	7	..	1	5	18	23	43	15
Richmond	..	9	..	..	..	1	..	3	3	..	..	1	6	9	17	6
Total	14	96	4	..	4	22	26	101	98	8	6	71	199	262	566	228

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	96	89 2	34	31 6	15	20	124	28 1	42	9.5	4	0.9
The Bronx	17	59 1	3	10.4	1	2	21	18.0	3	1.8	2	1.2
Brooklyn	66	70 1	31	32 9	9	21	88	19 7	38	8.5	5	1 1
Queens	16	88 7	6	33.3	2	4	22	20 7	7	6 6	1	0.9
Richmond	4	75 1	1	18.8	..	1	7	29 4	3	12 6	..	..
City of New York	199	78 4	75	29.5	27	48	262	22 2	93	7.9	12	1.0

During the first thirty-five weeks of this year 6,737 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,247 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor	Riverside Hospital	Grand Total
Rem'g 8-20-'21	87	59	4	22	13	32	1	21	1	3	..	4	..	..	..	30	..	550	116	893
Admitted	7	18	2	4	..	5	..	..	..	1	..	2	..	..	..	1	..	19	2	69
Discharged	8	7	2	8	1	11	1	3	..	1	..	2	..	..	..	..	..	28	2	65
Died	..	..	..	..	..	..	..	..	..	..	..	1	..	..	..	..	..	..	..	1
Rem'g 8-27-'21	41	70	4	23	12	29	..	23	1	3	..	2	..	..	..	31	..	541	116	896
Total treated	44	77	6	26	13	40	1	26	1	4	..	6	..	..	..	31	..	569	118	962

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,056	1,088	568	488	199	28	36	262	52	66	164	284	228
1. Typhoid Fever	3	7	3	..		..	..	..	1	1	1	..	..
2. Malarial Fever	1	..	1	..	..	..	..	..	..	1	..	..	..
5. Measles	..	1	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever	1	2	..	1	..	1	..	1	..	..	..	..	..
7. Whooping Cough	6	9	4	2	5	..	1	6	..	..	..	..	..
8. Diphtheria	7	9	3	4	..	3	2	5	2	..	..	..	..
9. Influenza	..	3	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	9	..	6	3	..	..	6	6	2	1	..	..	..
12. Other Epidemic Diseases	2	6	1	1	..	..	..	..	..	1	..	..	1
13. Pulmonary Tuberculosis	96	96	60	36	1	..	..	1	1	20	35	33	6
14. Tbc. Meningitis	5	6	2	3	2	..	..	2	..	1	2	..	..
15. Other forms Tbc.	5	9	2	3	..	..	..	..	1	1	3	..	..
16. Cancer, Malignant Tumor	96	96	50	46	..	1	..	1	..	..	15	53	27
17. Simple Meningitis	4	6	2	2	1	..	..	1	2	..	..	1	..
17a. Cerebro-spinal Meningitis	4	1	1	3	..	1	..	1	1		1	1	
18. Apoplexy, Softening of the Brain	16	17	5	11	..	..	..	..	..	..	2	5	9
19. Organic Heart Diseases	197	168	87	110	1	..	..	1	10	5	21	68	92
20. Acute Bronchitis	4	4	2	2	2	..	1	3	..	..	..	..	1
21. Chronic Bronchitis	1		1	..			..		..	..	..	..	1
22. Lobar Pneumonia	22	38	14	8	4	1	..	5	1	2	4	7	3
22a. Broncho Pneumonia	26	29	16	10	11	2	2	15	1	1	2	1	6
23. Other Respiratory Diseases	8	3	7	1	1	1	2	4	1	..	1	1	1
24. Diseases of the Stomach (Cancer excepted)	12	8	8	4	3	1	..	4	..	..	2	6	.
25. Diarrhoeal Diseases (under 5 years)	93	137	55	38	75	13	5	93	..	..	..	..	..
26. Appendicitis and Typhilitis	20	22	11	9	..	..	2	2	4	3	5	6	..
27. Hernia, Intestinal Obstruction	11	7	6	5	1	..	..	1	..	..	1	3	6
28. Cirrhosis of Liver	6	7	3	3	..	..	..	..	..	.	..	5	1
29. Bright's Disease and Nephritis	63	63	28	35	..	..	1	1	1	2	11	24	24
30. Diseases of Women (not Cancer)	4	4	..	4	..	..	.	..	..	..	3	1	..
31. Puerperal Septicaemia	..	1	..	..	..	.	..	..	..	..	..	..	..
32. Other Puerperal Diseases	9	11	..	9	..	.	..	..	.	3	6	..	..
33. Congenital Debility, and Malformations	72	52	41	31	71		1	72	..	..		..	..
34. Old Age	..	2	..	..					..		..	..	..
35. Violent Deaths	77	81	60	17	..	2	8	10	14	13	20	12	8
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	71	77	55	16	..	*2	8	10	14	10	17	12	8
c. Homicide	6	4	5	1	..	..		..	..	3	3	..	..
36. Suicide	8	15	6	2	..			..	..	1	4	3	..
*37. All other causes	160	175	81	85	21	1	3	25	10	10	25	54	42
38. Ill-defined causes	2	4	2	..	..	1	1	2	..	..	..	..	..

Deaths in Institutions,	475	Mean temperature,	67.1 deg. Fahr.
Mean barometer,	30.06	Maximum temperature,	79.0 deg. Fahr.
Mean humidity,	60.3	Minimum temperature,	55.0 deg. Fahr.
Precipitation,	None		

†If the deaths under one month, numbering 65 from all causes, be deducted from the total deaths under one year, the resulting rate will be 53 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 4, Diabetes 18, Alcoholism 1, Locomotor Ataxia 0, Paresis 4, Arterio-sclerosis 28, all other congenital causes 11.

754-3022-31-O

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, VOL. X. SEPTEMBER 10, 1921. No. 37.

REPORTED CASES OF VENEREAL DISEASE IN NEW YORK CITY.

The number of cases of venereal diseases reported in the City of New York, excluding those which come to our knowledge through positive Wassermann tests, or through other positive laboratory tests, is so small that one is not justified in drawing any conclusions from such figures as to the prevalence of venereal diseases in the city. A careful analysis of our files has shown that an extremely small number of cases are reported by genito-urinary specialists, as a class. There are men engaged in this special field of medicine who are known to have very large practices, and who virtually never report a case of venereal disease to the Department of Health. The difficulties which are encountered in securing the reporting of cases of tuberculosis are many times multiplied as concerns the reporting of venereal disease.

The cases of venereal disease which are reported by laboratory specimen cannot be used as a basis for judgment as to the prevalence of venereal disease in the community, because specimens from a given case may be submitted on repeated occasions, under different names, giving repeated positive results, and each such positive result is listed as a report of a separate case. The value of printing the statistics of the reported cases, in their present form, is merely an index to the growth of a co-operative spirit on the part of the medical profession in reporting such cases.

The question is frequently asked whether the Department of Health is justified in waging its campaign to secure compliance, on the part of all physicians in the community with the requirements of the Sanitary Code to report all venereal disease cases. Many have expressed doubt whether such information, if it could be obtained, would be of value. It should hardly require argument, at this date, to prove the value and the necessity of reporting a condition which has such a vital bearing on the welfare and lives of a considerable fraction of our community. The advance of medical knowledge has, in a very considerable measure, depended upon the compilation of accurate statistical data, showing sex, age, racial features, etc., in regard to the venereal diseases and their sequalae. This is also true even of surgical diseases. It must be obvious, therefore, that, if we are to appraise correctly the extent of the danger from venereal disease existing in the community, as well as the forms which this disease may assume, and ultimate consequences; and if we are, through such knowledge, to equip ourselves to battle more intelligently with the diseases, especially from the stand-

Digitized by Google

point of prevention, it is obvious that we must depend upon physicians for faithful and constant co-operation. Moreover, there are thousands of cases of venereal disease that occur each year which, for varying periods of time, constitute a very serious menace to the health of others with whom they may come in contact, while they manifest themselves in their acute communicable forms, and in which cases the physicians will not or cannot influence the conduct of the patient, so as to prevent the danger of infection to others. The Department has not only a duty to perform under such conditions, but it is armed with police powers by virtue of which, when persuasion and friendly counsel fail, it may enforce such rules of conduct and exercise such control of the home conditions and occupational pursuits of the affected person as to shield the public from a manifest source of danger. The failure of physicians and dispensaries and hospitals, to promptly report such cases is, therefore, a grave and serious reflection upon them.

During the year 1920, the total number of venereal disease cases reported, from all sources, was 23,977, a decrease of 1,142 cases, as compared with the total number reported in 1919. The principal cause of this difference is due to the falling off in the number of cases of gonorrhoea reported in 1920.

Syphilis—The laboratory was the most important single source of information with reference to prevalence of syphilis—13,150 cases, as shown by positive Wassermann tests, having been reported during 1920. The laboratory reported 1,008 more cases of syphilis than during 1919; this is accounted for by the fact that, in 1919, the laboratory made a total of 64,764 Wassermann tests, whereas, in 1920, it performed 73,668 examinations. The percentage of positive Wassermanns reported by the laboratory, in both years, out of the total number of specimens submitted, was the same, namely 19 per cent.; this would seem to indicate a consistency in the method of examinations which is very commendable.

During this period, the various hospitals and dispensaries reported 2,572 cases of syphilis, as contrasted with 6,096 cases reported by them during the preceding year. This apparent lapse on the part of institutions, which should be the most important agency in the reporting of cases of venereal diseases in New York, calls for investigation. Private physicians reported 3,720 cases of syphilis during the year. While, as before stated, this is by no means a true index of the total number of cases of syphilis treated by such physicians in this city, it is, nevertheless, gratifying, in that it shows what is practically a four-fold increase in the number of cases reported by private physicians, as contrasted with 1919. The total number of cases of syphilis reported, in 1920, was 19,442, as against 19,214 in 1919.

Gonorrhoea—The cases of gonorrhoea reported during the year numbered 4,535, as against 5,679 reported in 1919; 1,896 of these cases were reported through our laboratory, on the basis of positive gonorrhoea smears and positive complement fixation tests, as against 2,178 so reported last year. The hospitals and dispensaries reported 1,846 cases of gonorrhoea, as against 3,115 in 1919. Private physicians reported 793 cases of gonorrhoea, as contrasted with 384 cases, in 1919.

THE WORK OF THE WASSERMANN AND VENEREAL DISEASE CLINICS OF THE DEPARTMENT OF HEALTH.

The work of the Wassermann Clinics, which are conducted in conjunction with the Venereal Diseases Treatment Clinics and the medical advisory service of the Division of Venereal Diseases of the Bureau of Preventable Diseases, was very active during the past year. A total of 21,866 persons presented themselves at the various Wassermann Clinics to have specimens of blood withdrawn for the Wassermann test. Considering that these clinics do not resort to publicity to secure clientele, they have been remarkably successful, and have, apparently, served private physicians very substantially. A very large number of cases of

Digitized by Google

syphilis, reported by the Diagnosis Laboratory as showing positive Wassermann tests, are derived from this source; in fact, one-quarter of all the specimens examined by these clinics. The Brooklyn and Bronx Wassermann clinics showed the largest increase in clientele. This is logically to be expected, as the Manhattan service has, apparently, reached its maximum point of development under present conditions. The Boroughs of Queens and Richmond have no Wassermann clinics.

The venereal disease advisory clinics in the two boroughs in which venereal diseases treatment work is being conducted—namely, Manhattan and Brooklyn—have been joined to the venereal disease clinic service. In this field, too, we have in the past several years discontinued publicity work, and yet we find, year after year, that several thousand persons come to us, recommended by those whom we have previously cared for, for advice and diagnosis, who would otherwise resort to advertising quacks or to the use of patent medicines. We do not treat such individuals, but refer them to private physicians, unless, as a result of our social service investigation of their economic status, we find that they cannot afford to pay for treatment.

The total number of medical advisory cases seen in all clinics, in 1920, was 6,416. They were divided as follows:

Venereal Disease Advisory Cases.

	New Cases.	Revisits.	Total.
Manhattan	2,977	2,182	6,159
Brooklyn	684	449	1,133
Bronx	94	30	124
Totals	3,755	2,661	6,416

The medical advisory clinic had its origin as a weapon of the Department to fight advertising quacks and charlatans. In surreptitious ways, these quacks and charlatans still operate in this city although not to the same degree as in previous years. They publish books and pamphlets which they distribute in ingenious way, so as to evade the letter of the law, and they still utilize the foreign language press to a very considerable degree to play upon the credulity of thousands who, now as ever, are susceptible to exploitation and become easy victims. These are not only financially bled, but, if really suffering from venereal disease, are notoriously neglected. If it were possible to increase our police detail, it would be most desirable in order that we might detect and bring action against these unscrupulous exploiters of the sick.

The medical advisory clinics, in addition to their regular venereal disease work, are called upon to render other medical service from time to time, namely, to give immunizations against typhoid fever and tetanus, whenever persons apply to the Department for such treatment, and they also render first aid service, when accidents occur in the building or in its vicinity.

In October, 1920, the Manhattan Venereal Disease Treatment Clinic was removed from Chelsea Clinic to headquarters. In this clinic there were 475 patients treated for syphilis, 241 for gonorrhoea, and 10 for chancroid; making a total of 726 patients. The treatment of the 475 syphilis cases required the administration of 259 mercurial injections, to new cases, and 3,053 injections in old cases, making a total of 3,112 intramuscular injections of mercury, which were given during the year. Salvarsan was administered 78 times, during the year, to new patients, and 1,867 times to old patients, making a total of 1,945 intravenous salvarsan injections during the year.

The total number of treatments given during the year by the Manhattan Clinic to its 726 patients was 7,192.

Digitized by Google

The staff for this work had to be provided by abstracting physicians from other branches of the Bureau's service in order to meet the large demands made upon this clinic by the public. The Borough of Brooklyn, considering the fact that it has an extremely limited staff of two regular physicians and two auxiliary aids, has developed a relatively large clinic service. The patients treated in Brooklyn consisted exclusively of cases of syphilis, of which there were 201. These patients received 492 salvarsan injections, and 1,842 intramuscular injections of mercury, making a total of 2,334 treatments.

In the Boroughs of the Bronx, Queens and Richmond, we have not been able to make any provision for the establishment of venereal disease treatment clinics.

In connection with our venereal disease clinics, it has been our aim to have the nurses assigned to them visit the home of every patient, after the first treatment has been given, to ascertain whether such patient is properly entitled to free treatment. These home visits were made in many cases, and, also, in connection with the patients attending non-departmental venereal disease clinics, when patients discontinue attending the clinic for treatment. This follow-up of cases is a most important duty. Unfortunately, however, the record of the number of such visits made by nurses was not kept by the Division of Venereal Diseases, with the result that we cannot offer, for statistical purposes, the total number of such visits made by our nurses. If we had a larger staff of nurses and physicians, it would be most desirable to intensify our home follow-up service with a view to persuading all members of families who have been exposed to a case of venereal disease in such homes to submit, so far as practicable, to medical examination. This extension of the work is desirable, and it is to be hoped that it can be undertaken in the near future.

WHOOPING COUGH VACCINE NOT ADMINISTERED BY THE DEPARTMENT OF HEALTH.

Since the discontinuance of the Department's special clinics for cases of whooping cough, no pertussis vaccine has been administered by it to the general public.

However, several of the clinics maintained by the Department for other purposes report that physicians have been persistently sending cases in for injection. Consequently attention is called to the matter with the request that no more such cases be referred.

The Research Laboratory of the Department (foot of E. 16th St.) is engaged in making observations upon the effect of whooping cough vaccine, both as a prophylactic and as a curative. In the meantime it will supply such vaccine, free of charge, to all physicians who apply for it.

REVISED LIST OF DENTAL CLINICS FOR SCHOOL CHILDREN.

Borough of Manhattan.

343 Pleasant Ave.—Hours: 9 to 12.30 P. M. daily; 9 to 12 M., Saturday. Telephone Harlem 3230.

P. S. 21, 222 Mott St. Hours: 9 to 12.30 P. M. daily; 9 to 12 M., Saturday. Telephone, Spring 9065.

Borough of The Bronx.

P. S. 27, St. Anns Ave. and 148th St. Hours: 9 to 12.30 P. M., daily; 9 to 12 M., Saturday. Telephone Melrose 1042.

Borough of Brooklyn.

P. S. 8, Hicks and Poplar Sts. Hours: 9 to 12.30 P. M., daily; 9 to 12 M., Saturday. Telephone Main 8154.

P. S. 126, Meserole and Lorimer Sts. Hours: 9 to 12.30 P. M. daily; 9 to 12 M., Saturday. Telephone Greenpoint 4094.

Digitized by Google

P. S. 168, Throop Ave. and Bartlett Sts. Hours. 9 to 12.30 P. M., daily; 9 to 12 M., Saturday. Telephone W'msburgh 5466.

P. S. 175, Blake and Hopkinson Aves. Hours: 9 to 12.30 P. M., daily; 9 to 12 M., Saturday. Telephone Glenmore 6015.

Borough of Queens.

372 Fulton St., Jamaica. Hours: 1 to 4.30 P. M., daily; 9 to 12 M., Saturday. Telephone Jamaica 1200.

VITAL STATISTICS FOR THE WEEK ENDING SEPTEMBER 3, 1921.

For twenty-nine weeks of this year the death rate in each one of them was lower than those of the corresponding weeks in the year 1920; for seven weeks the death rate was higher and the week just closed is one of the weeks in which the death rate exceeded that of the corresponding week in 1920. On these previous occasions in which the rate was correspondingly higher, the cause of such increases was undoubtedly due to the adverse weather conditions, as on each one of those occasions the temperature was higher comparatively than in 1920. The week just closed was also a week in which the thermometer was much higher comparatively than in the corresponding week of 1920.

The consequence of the adverse weather condition during the week was that the individuals seriously ill with organic heart disease or Bright's disease succumbed more quickly to the inevitable. There were 270 deaths from these two causes combined, as compared with 239, an increase of 31 deaths. Again, the mortality from pneumonia was 84 as compared with 42, exactly double. Diseases of the nervous system showed 50 deaths as compared with 35. Measles, scarlet fever, diphtheria and whooping cough combined showed 15 deaths as compared with 30 deaths. There were 3 deaths reported from typhoid fever as compared with 7. On the other hand, there were 8 deaths reported from acute poliomyelitis as compared with no deaths.

With the above mortalities recorded from the individual causes mentioned, it naturally follows that the mortality among infants at least, would not be increased, and this is true as there were 210 deaths under one year of age as compared with 213. Between one and five years of age there were 73 deaths as compared with 74. The increased mortality shown during the week was distributed to the higher age groups, there having been 59 more deaths at the age group five to sixty-five and 15 more deaths at the age group sixty-five years of age and over. Mortality for the first thirty-six weeks of the year was 11.59 per one thousand of the population, as compared with 14.02 in the corresponding period of 1920, a decrease of 2.43 points in every thousand of the population. The outlook is quite favorable for a very much decreased mortality for the year 1921 in so far as we are able to look into the future. Unless the unforeseen and unavoidable happen, it is fair to presume that the rate for the year will go much below that of the year 1920, in which it was 12.93. At the present rate the mortality for the year may go even as low as 11 per one thousand. From January 1st to date, 76 infants under one year of age died out of every one thousand born, as compared with 91 during the corresponding period of 1920, a decrease of 15 deaths in every one thousand births; as infantile mortality rate for 1920 was 85, it would not be surprising if the rate this year went as low as 70. This will establish an extremely low record, in fact, the lowest record in the entire history of health in this city.

The County of London, with a population of 4,500,000, and with a very happy combination of a mild winter and a moderate summer temperature, established in 1920, a record of 76 deaths under one year of age per one thousand births. The extremes of temperature which New York generally suffers from has considerable to do with the death rate among children and among old people, and whilst we are not as fortunately situated as to climatic conditions as London, still the mortality so far this year bids fair to go below those of London for its banner year of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CONTAGIOUS DISEASES.—McLaughlin, A. J. The control of communicable diseases. (A. M. A. Jour., Aug. 20, 1921. pp. 594-597.)

FLAT FOOT.—Bettman, R. B. Flat foot as a problem of industrial surgery. (Nation's Health, Aug., 1921. pp. 461-462, illus.)

FOOD POISONING.—Street, J. P. Food poisoning; its prevalence and prevention. (Nation's Health, Aug., 1921. pp. 433-438, illus.)

HEART DISEASE.—Halsey, R. H. Heart disease in children of school age. (A. M. A. Jour., Aug. 27, 1921. pp. 672-674, tables.)

INDUSTRIAL HYGIENE.—Oliver, T. Industrial hygiene; its rise, progress, and opportunities. (Brit. M. J., July 23, 1921. pp. 108-116, charts, tables.)

NURSES, INDUSTRIAL.—Staebler, A. M. The industrial nurse in the field of public health. (Pub. Health Nurse, Aug., 1921. pp. 409-411.)

NURSING, PUBLIC HEALTH.—Dublin, L. I. Records of public health nursing and their service in case work, administration and research. (Pub. Health Nurse, Aug., 1921. pp. 385-392.)

PNEUMONIA.—Lyon, A. B. Pneumonia in infants and children. A clinical study of 208 hospital cases. (Boston M. & S. J., Aug. 18, 1921. pp. 189-194.)

POLIOMYELITIS.—Committee on Public Health Problems of the Institute of Medicine of Chicago. A statement in regard to epidemic poliomyelitis. (Pub. Health Nurse, Aug., 1921. pp. 400-402.)

SCHOOLS, MEDICAL INSPECTION.—Clark, T. School health supervision in Minneapolis, Minn. (U. S. Public Health Service. Public Health Reports, Aug. 12, 1921. pp. 1902-1936.)

SMALLPOX.—Henry, J. E. Experience in Massachusetts and a few other places with smallpox and vaccination. Boston M. & S. J., Aug. 25, 1921. pp. 221-228, tables.)

SOCIAL SERVICE.—McGarvah, E. Social work by a health department. (Hospital Social Service, August, 1921. pp. 67-72.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	June 11	June 18	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27	Sept. 3
Total deaths	1070	1128	1147	1072	1069	1041	984	1225	1107	1043	1086	1056	1174
Annual Death Rate	9.71	10.28	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9.46	9.85	9.58	10.39
*Acute Infectious Diseases	33	35	44	33	38	30	29	42	21	22	31	21	23
Pul. Tuberculosis..	112	97	98	104	95	74	94	98	67	67	103	96	94
Influenza	4	6	3	1	1	1	3	1	3	1	1	..	3
Lobar Pneumonia.	48	36	49	37	38	27	12	16	24	23	21	22	15
Broncho Pneum...	39	19	32	27	22	38	25	37	36	38	26	28	40
**Violent Deaths ...	57	85	65	82	75	95	79	79	93	70	64	77	71
Deaths under 1 year.	189	168	150	183	158	186	181	247	228	210	216	199	210
Rates per 1,000 births	54 7	66.1	59.2	72.1	62.8	78.4	71.4	97.4	89 9	82.7	85.0	78.4	82 5
Deaths under 5 years	204	238	228	244	240	246	245	323	315	280	289	262	283
" 5-65 years ..	629	687	669	600	608	575	553	653	566	547	584	566	603
" 65 years and over	237	253	250	228	221	220	186	249	226	216	213	228	258

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	340	239	346	268	201	291	241	215	200	244	198	265	232
Diphtheria	293	311	340	254	169	164	136	129	100	115	102	77	99
Measles	227	220	186	159	133	108	82	77	79	59	68	26	47
Scarlet Fever	245	211	209	104	67	47	40	30	28	38	40	35	30
Chickenpox	218	163	167	122	118	56	43	17	9	14	13	7	5
Influenza	12	11	3	5	2	4	4	11	8	17	6	2	5
Pneumonias	172	196	187	138	104	138	166	191	164	120	136	98	142
Typhoid Fever	10	4	16	16	26	25	21	33	17	28	41	66	70
Whooping Cough ...	186	146	180	102	112	169	149	128	120	135	102	105	126
Syphilis	202	188	223	203	251	465	200	185	191	239	237	222	280
Gonorrhoea	77	74	81	82	89	228	109	104	40	65	111	88	55
Poliomyelitis	1	1	3	4	4	6	12	18	28	24	10	22	29
Cerebro-spinal Meningitis	9	8	5	7	6	4	8	2	4	7	11	8	4
Total	1992	1772	1896	1464	1282	1708	1211	1185	988	1100	1074	1019	1087

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, Sept. 3, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	482	523	496	1084	528	53	11 02	11.99	11.87
The Bronx	732,016	778,528	123	118	123	273	63	10	8.08	7.91	8.24
Brooklyn	2,022,262	2,077,674	339	358	389	979	321	33	8.68	8.9	9.77
Queens	466,811	497,627	75	92	93	189	26	7	8 18	9.69	9.75
Richmond	115,969	121,252	35	33	23	61	12	5	15.46	14.20	9 90
Total	5,621,151	5,751,859	1054	1124	1124	2586	950	108	9.71	10 20	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-six weeks of this year there were 46,008 deaths, a rate of 11.59 per 1,000 population. During the corresponding weeks of last year there were 54,804 deaths, a rate of 14.02 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	8	36	8	2	1	16	28	36	36	18	5	28	118	150	278	95
The Bronx	..	22	..	..	..	6	3	9	9	1	..	8	15	22	76	20
Brooklyn	6	16	2	1	1	14	16	33	27	6	4	18	61	88	169	101
Queens	..	9	..	..	..	2	3	3	3	1	..	6	14	18	53	21
Richmond	1	11	..	..	..	..	1	..	..	.	.	7	2	5	27	1
Total	15	94	5	3	2	38	46	81	75	21	9	62	210	283	603	238

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	110	102.1	30	27 8	20	12	140	31 8	34	7.7	8	1.8
The Bronx	22	76 5	7	24.3	2	3	29	18 0	11	6 8	..	..
Brooklyn	62	65 6	23	24 3	6	17	88	19 7	27	6.0	6	1 3
Queens	14	77 6	3	16 6	1	2	21	19 8	3	2 8	..	..
Richmond	2	87.4	..	..	..	..	5	21.0	..	.	1	4.2
City of New York.	210	82.5	63	24.8	29	34	283	24 0	75	6 4	15	1. 3

During the first thirty-six weeks of this year 6,947 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,460 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor	Riverside Hospital	Grand Total
Rem'g 8-27-'21.	41	70	4	23	12	29	..	23	1	3	..	2	..	..	..	31	..	541	116	896
Admitted	9	13	1	8		5	..	6	..	..	..	3	..	..	..	..	..	20	1	66
Discharged	5	14	2	6	5	5	..	1	..	1	..	..	..	..	..	1	..	27	2	69
Died		1	.	1	..	..	..	3	..	..	..	2	..	..	..	..	..	..	2	9
Rem'g 9-3-'21.	45	68	3	24	7	29	.	25	1	2	..	3	..	..	..	30	..	534	113	884
Total treated	50	83	5	31	12	34	..	29	1	3	..	5	..	..	..	31		561	117	962

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,124	1,054	613	511	210	37	36	283	40	56	201	306	228
1. Typhoid Fever	3	7	2	1	..	..	..	.	..	2	1	.	.
2. Malarial Fever	..	1			..	..	..	..	..	..	..	..	..
5. Measles	2	1	..	2	..	1	1	2	..	..	..	..	..
6. Scarlet Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
7. Whooping Cough	11	21	4	7	9	..	2	11	..	..	..	..	..
8. Diphtheria	2	7	2	..	.	1	1	2	..	..	..	..	..
9. Influenza	3	2	1	2	1	..	1	2	..	..	1	..	..
Poliomyelitis	8		4	4	..	2	3	5	1	1	1	..	..
12. Other Epidemic Diseases	2	6	1	1	1	..	..	1	..		1	..	..
13. Pulmonary Tuberculosis	94	94	59	35	..	1	1	2	..	17	45	27	3
14. Tbc. Meningitis	5	8	2	3	2	..	1	3	1	1	..	..	
15. Other forms Tbc.	6	5	4	2	..	..	1	1	2	1	2	..	..
16. Cancer, Malignant Tumor	97	99	47	50	1	..	..	1	..	..	9	52	35
17. Simple Meningitis	3	4	2	1	..	..	1	1	1	..	1	..	
17a. Cerebro-spinal Meningitis	5	3	3	2	1	1	..	2	1		1	1	
18. Apoplexy, Softening of the Brain	14	13	6	8	..		..	..	..	..	1	6	7
19. Organic Heart Diseases	182	168	89	93	..	..		..	4	5	26	67	80
20. Acute Bronchitis	2	5	2	..	2	..	..	2	..	..	..	..	..
21. Chronic Bronchitis	3	..	2	1					..	..	..	3	.
22. Lobar Pneumonia	38	16	29	9	6	4	3	13	..	3	5	12	5
22a. Broncho Pneumonia	46	26	28	18	18	11	6	35	2		..	1	8
23. Other Respiratory Diseases	6	4	2	4		..	1	1	..	1	1	2	1
24. Diseases of the Stomach (Cancer excepted)	8	5	6	2	2	1	..	3	..	..	4	1	..
25. Diarrhoeal Diseases (under 5 years)	75	108	38	37	63	8	4	75	..	..	.	.	..
26. Appendicitis and Typhilitis	21	20	15	6	..	..	1	1	5	2	6	6	1
27. Hernia, Intestinal Obstruction	14	14	10	4	3	.	..	3		..	2	7	2
28. Cirrhosis of Liver	5	2	3	2	..	..	..	..	..	..	1	2	2
29. Bright's Disease and Nephritis	76	59	38	38	..	1	1	2	..	4	11	31	28
30. Diseases of Women (not Cancer)	6	6	..	6	..	..	..	..		1	3	2	..
31. Puerperal Septicaemia	3	1		3	.	..	..	.	..	..	3	..	..
32. Other Puerperal Diseases	5	10		5	..					1	4	..	..
33 Congenital Debility, and Malformations	84	56	41	43	84		..	84	..				..
34. Old Age	7	6	2	5								..	7
35. Violent Deaths	71	90	54	17	1	4	4	9	12	11	19	14	6
a. Sunstroke	1	..	..	1	..	..		.	..	..	..	1	..
b. Other Accidents	61	81	45	16	..	4	4	8	12	10	16	9	6
c. Homicide	9	9	9	..	1	..		1	.	1	3	4	..
36. Suicide	21	11	16	5						2	8	8	3
*37. All other causes	192	177	99	93	16	2	4	22	11	4	41	64	50
38. Ill-defined causes	4	1	2	2	..	..	..	..	..	..	4	..	..

Deaths in Institutions,	524	Mean temperature,	77.0 deg. Fahr
Mean barometer,	29.88	Maximum temperature,	96.0 deg. Fahr
Mean humidity,	74.4	Minimum temperature,	59.0 deg. Fahr
Precipitation,	.08		

*If the deaths under one month, numbering 68 from all causes, be deducted from the total under one year, the resulting rate will be 56 per 1,000 births (weekly average). Includes deaths from Erysipelas 1, Syphilis 10, Diabetes 18, Alcoholism 0, Locomotor Ataxia 1, Tetanus 5, Arterio-sclerosis 42, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. SEPTEMBER 17, 1921. No. 38.

INCREASED DENTAL FACILITIES FOR SCHOOL CHILDREN.

The Bureau of Child Hygiene of the Department of Health, with the funds allowed it for increasing its dental services, which became available on September 1st, has already appointed four dentists, six dental hygienists and eight nurses of the total quota allowed. The Bureau was given, largely through the efforts of the Commissioner, sufficient appropriation to appoint five dentists on full time, as against nine on half time that were asked, eighteen hygienists, and nine new nurses.

It is planned to operate eight new clinics, apportioned in the various Boroughs, one being established in the Borough of Richmond which, to date, has had no departmental dental service. The total activity will be gradually enlarged until the entire system is complete, just as quickly as the equipment and supply for maintenance is delivered.

For general information it should be noted that a dental hygienist is a young women schooled by one year's special training in the art of dental prophylaxis and its teaching. She is not a trained nurse and, primarily, is not a trained dental nurse, although she can be readily developed into one. The creation of her profession came about through the great need for some solution of the dental problem in schools and institutions for children. The general training of the dental hygienist fits her for all the purposes mentioned, but her primary and essential work is in the schools and institutions, and she is in no way to be considered as equal to, or as competent as, a trained nurse, except that she has this special training in dental prophylaxis and is thereby able to do actual prophylactic work in a patient's mouth, as well as to teach all the best methods of tooth brush manipulation in cleaning the teeth, and to give instruction as to the effect of various foods, etc., upon the teeth.

INFANT MORTALITY IN NEW YORK CITY.

The infant mortality rate for the first thirty-five weeks of the year, that is for the period ending August 27th, was 76 per thousand children born, as against 91 for the corresponding period of last year. It is thus seen that the favorable situation noted in the earlier weeks of the year still obtains. There is a reduction in the infant death rate from practically all causes, except congenital diseases.

The Bureau of Child Hygiene of the Department of Health is in receipt of a thousand copies of a report issued by the International Health Board of the Rockefeller Foundation entitled, "Infant Mortality in New York City," compiled

Digitized by Google

by E. C. Meyer, P.H.D., Director of Surveys and Exhibits. The report is based upon data collected during the years 1915 and 1916, and analyzes the infant mortality situation in the City for approximately thirty years. It calls attention to the reduction in the infant mortality rate in New York City from 273.6 per thousand children born, in 1885, to 81.6, in 1919, and states that no other large city in the country seems able to show an equally rapid and constant decline in its infant mortality rate. Attention is called to various factors contributing to this decline, such as, better milk, breast feeding, baby health station service, visiting nurses, better control over contagious diseases, improvement in municipal sanitation, etc. The relation of the racial composition of the population to the infant mortality situation is also entered into at great length.

SUPERVISION OF VENEREAL DISEASES.

The examination of venereal disease suspects in the courts of this city has been conducted on the same lines as in preceding years, but there has been a fairly marked decrease in the total number of such cases examined. There were 1,378 such examinations of suspected venereal disease cases among those who were arraigned in the various courts of the city, during 1920, as against 2,238 examinations in 1919; this is a decrease of 860, or 38 per cent. This is attributable to the smaller number of arrests which were made of persons charged with vagrancy, or immoral conduct. During 1919, 96 per cent of those examined were females, but 1920 showed an appreciable increase in the percentage of males, as there were 8 per cent of the latter among those examined in the courts. In 1919, 42 per cent of those examined were found to be suffering from a venereal disease; in 1920, 51 per cent were found to be so affected.

During the past year, by agreement with the magistrates sitting in such cases, an arrangement was made to send to the hospitals of the Department of Health only those persons who were released by the magistrates on probation, with the understanding that such patients would voluntarily enter the hospitals of the Department of Health and remain there until, as a result of treatment, the infective stage of their disease was terminated. This brought about a great diminution in the number of women sent to the Kingston Avenue Hospital, which is under the control of the Department of Health, and it increased substantially the number of women suffering from venereal disease who were committed to the Workhouse. It is obvious that the Department must depend upon the officials in charge of the medical service of the Workhouse, and the various other penal institutions, for whole-hearted co-operation in giving to their inmates the best scientific treatment.

We have been assured by officials of the Department of Correction that they would co-operate in this, the Department of Health exercising a general supervision of the treatment administered in their institutions. The value of this change cannot be estimated until sufficient time to ascertain how effective the treatment given at the Workhouse has been.

Up to October, 1920, every inmate of the Workhouse, prior to being discharged, was examined by a physician of the Bureau of Preventable Diseases to ascertain whether the release of such person might be dangerous to the public health because of the presence of venereal disease. Six hundred and one examinations were made by physicians of this Bureau from January 1st to October, 1920, and 164 women, whose prison sentences were about to terminate, were found to be suffering from venereal disease in a form likely to be a source of danger to others, and were transferred to Kingston Avenue Hospital for treatment. Since the arrangement requiring the medical officer of the Workhouse to notify us of the existence of venereal disease in any inmate about to be discharged, we have had no cases of persons so affected referred to us.

Digitized by Google

The co-operation of the Chief Magistrate and other Magistrates has been splendid. They have shown invariable sympathy and eagerness to assist us in solving the questions relating to the care of persons who are arrested or sentenced, and who may be suffering from venereal disease, so as to enable us to safeguard public health.

It would be of great value to the community if private physicians and the heads of various dispensaries and hospitals who come in contact with cases of venereal diseases which are a menace to others would recommend such cases for voluntary admission to hospitals. We have facilities for the treatment, not only of those who are of the underworld and who come to our notice through the courts, but for the self-respecting and decent citizen as well, who finds it most difficult to obtain accommodations in the general hospitals in the city. In order, however, that this may come about, it is necessary that there be co-operation, as already mentioned, on the part of the private physicians and dispensaries. Such co-operation is most needed in those instances where patients are suffering from venereal disease in a form which is likely to infect others and where, by virtue of home conditions or of their employment, such patients are a menace to others. The Department of Health, using its police power, may force such individuals into hospitals and detain them until they are no longer a menace to others. Frequently, cases are referred by clinics in which we are asked to compel delinquent patients to return to such clinics, or to take other action, notwithstanding that the patients, according to the evidence presented to us, are in a non-infectious stage; in other instances the evidence of infectivity is so meagre as not to warrant any action on our part. The Department must, of necessity, limit its follow-up visits to delinquent cases of venereal disease shown to be a likely source of danger to others.

During the year 1920, 98 complaints of citizens and institutions with reference to persons suspected or known to be suffering from venereal disease were received and submitted for investigation and for such action as the circumstances warranted. In practically every instance, we were able to persuade the patients, if found suffering from a venereal disease, to secure treatment or to change their mode of living or occupation so as to eliminate the possibility of infecting others.

THE CINCINNATI HEALTH EXPOSITION.

Bringing back memories of the great World's Fairs of the past, and linking their accomplishments with the wonderful progress made in the industrial and scientific world since those wonderful exhibitions, is the great Cincinnati Health Exposition, to be held in Music Hall, Cincinnati, Ohio, October 15 to 22.

One of the main features of this exposition, which is attracting the attention of the country's greatest health experts, is Rural Sanitation Day, when Dr. C. L. Lumsden, United States Public Health Service, will be one of the principal speakers.

With the co-operation of Dr. C. A. Neal, District Board of Health Commissioner, a program of special interest to farmers and their families has been prepared and many attractions of vital importance to those who live in rural communities will be displayed.

Rural Sanitation Day will bring to Cincinnati a notable gathering from farming communities throughout the whole of the Ohio valley. Realizing the tremendous importance of the health of the farmer and his family, the exposition committee has arranged a program for Rural Sanitation Day, that will show in a comprehensive and simple manner, the way the farmer can best safeguard his own health and that of his family.

The lectures and exhibits will be on the simplest possible scale and though they will not be couched in highly scientific terms will, nevertheless, be based on

Digitized by Google

the results of years of investigation by officials of the United States Public Health Service and other organizations.

A definite program for the safeguarding of the health of those who live where doctors and nurses are not available at a few minutes notice, as in cities, will be outlined, and special stress will be laid on the prevention and treatment of the diseases and ailments which frequently present a tremendous problem to those who live in rural communities.

The exposition has received the endorsement of President Harding, Governor Harry L. Davis, of Ohio, and the mayors and health commissioners of thousands of cities throughout the whole country.

The most prominent health experts in America have accepted invitations to lecture on various health matters during the exposition. The program will be varied by showing motion pictures depicting the simplest methods of safeguarding the public health and interesting pageants prepared by members of local health expositions.

The entire exposition will be one of motion and every afternoon and evening during the week of October 15-22 the great auditorium of Music Hall, capable of seating more than 3,600 persons will be the scene of a variety of demonstrations and lectures by national, state and local leaders in health activities.

A wrecked automobile showing how motor accidents are caused, and how they can be prevented, will be displayed by the safety council of the Chamber of Commerce, and the council has also arranged to have some of Cincinnati's best traffic policemen on duty at its booth to answer questions on traffic regulations and safe driving.

The medical division of the Board of Health will have the complete equipment of a school physician's office with a doctor and nurse in attendance to examine children attending the exposition. The joint exhibit will consist of an X-Ray room, private room, operating room, children's department, dietetic department, and handicraft department. Demonstrations of the work actually carried out in Cincinnati's hospitals will be given by some of the most prominent surgeons.

In addition to the educational exhibits, every one of the 150 Commercial displays that will be shown in the center booths on the floor of the north and south halls will have a distinct bearing on health matters. No commercial exhibit will be allowed by the exposition committee unless it shows some article that has been approved by the health authorities.

With the notable array of nationally prominent speakers as well as the interesting program of educational moving pictures, pageants and displays, the daily features which will take place in the auditorium of Music Hall during the seven days and nights of the exposition will be of considerable interest to out of town visitors.

Practically every health and safety organization in Ohio and Cincinnati will be represented by displays in either the north or south halls, and nearly 150 commercial exhibits, all having a definite bearing on health matters will also be shown.

Among the prominent health experts who have promised to be present during the exhibition week are Dr. Royal S. Copeland, Health Commissioner of New York City, Dr. Harvey Wiley, Director of the Bureau of Food, Sanitation and Health, who will speak on "Food and Food Values"; Dr. Wood Hutchinson, and Dr. David Lyman; Dr. Frankwood E. Williams of the National Committee on Mental Hygiene, and Dr. William A. Evans, nationally known as the editor of the health department of the Chicago Tribune.

An interesting account of the work accomplished by the American Relief Commission in combatting the spread of typhus in Poland will be given by Colonel Harry L. Gilchrist, of the United States Army, who has just returned from that

Digitized by Google

country. In addition to the Speakers and educational features an enormous pageant in which more than 500 Cincinnati school children will appear, is being prepared and will be given at two performances.

THE GROWTH-PROMOTING PROPERTIES OF DRIED MILK PREPARATIONS.

(*Summary of an Article in Public Health Reports, August* 26, 1921, *by J. M. Johnson, Chemist, Division of Pharmacology, Hygienic Laboratory, United States Public Health Service.*)

1. Reconstructed milk made from skim milk powder (spray process), water, and butter fat contains growth-promoting properties for albino rats equal to those of fresh and pasteurized milk; that is to say, the process of drying skim milk by the spray process does not injure the water-soluble vitamine.

2. In feeding albino rats a basal mixture of purified foodstuffs plus milk of any kind, it is necessary to give at least 2½ parts of milk to 1 part of the basal mixture in order to promote normal growth. This is confirmatory of Osborne and Mendel, who found that 16 c. c. of fresh milk daily is required by a growing albino rat.

3. An excessive amount of liquid milk furnished to albino rats gives subnormal growth after a time, because of the large amount of liquid in proportion to the solids in such a diet.

MORTALITY FOR THE WEEK ENDING SEPTEMBER 10TH, 1921.

The death rate of 9.61 per one thousand of the population recorded during the week just closed indicates an extremely favorable prevalence of good health. If we could, by any means, be assured of a continuation of a death rate as low as this we would be justified in prophesying that everybody would live to be one hundred years old. The fly in the ointment, however, is the fact that no such assurance can be given. The time will come when the age grouping of the population will not be as favorable towards a low death rate as it is at present. Some of our Western cities that are populated by people anywhere between the ages of twenty and fifty years of age, and in which the number of infants and of old people is very much less in proportion to the adult members of the community, have an annual death rate as low as eight or nine per one thousand of the population, which is not due to any preventive work on the part of health officials, which in many instances is negligible, but is due entirely to the large proportion of people living at ages at which the death rate is exceedingly low. At all events the city enjoyed good health last week, the rate being .43 of a point lower than in the corresponding week of 1920.

The seasonal prevalence of infectious diseases marks a very low record, with the exception of poliomyelitis, there having been 9 deaths reported from this cause as compared with none; 73 deaths were reported from diarrhoeal diseases under five years of age as compared with 96; 83 deaths from pulmonary tuberculosis as compared with 108, in this latter instance a continuance of the trend towards the lowest death rate that we have ever experienced from this cause; organic heart and Bright's diseases showed a mortality approximately the same as in the corresponding week of 1920.

The infant mortality still continues to run considerably below that of last year, there having been 28 less deaths reported during last week than in the corresponding week of 1920.

The death rate for the first thirty-seven weeks of the year was 11.54 as compared with a rate of 13.92 in the corresponding period of 1920, a decrease of 2.38 points per one thousand of the population. From January first to date 76 infants under one year of age died out of every one thousand born as compared with 91 deaths at this age group in the corresponding period of 1920, a decrease of 15 deaths out of every 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ACCIDENTS.—Price, C. W. Startling figures for automobile fatalities. (Am. City, Sept., 1921. pp. 205-206, table.)

DEATH RATE.—Redway, J. W. Our winter death rate. (Med. Times, Sept., 1921. p. 213.)

ENCEPHALITIS.—Boyd, William. The sequelae of epidemic encephalitis. (Am. J. Med. Sci., Aug., 1921. pp. 248-258.)

FATIGUE.—Veeder, B. S. The role of fatigue in the malnutrition of children. (A. M. A. Jour., Sept. 3, 1921. pp. 758-760.)

NUTRITION.—Wile, I. S. What do we mean by nutrition? (Hospital Social Service, Sept., 1921. pp. 109-115.)

POSTURE.—Dickson, F. D. Effect of posture on the health of the child. (A. M. A. Jour., Sept. 3, 1921. pp. 760-764, illus.)

SMALLPOX.—Force, J. W. Smallpox in twenty states, 1915-1920. (U. S. Public Health Service. Public Health Reports, Aug. 19, 1921. pp. 1979-1989, tables.)

VACCINATION.—Leake, J. P. Essentials of smallpox vaccination. (U. S. Public Health Service. Public Health Reports, Aug. 19, 1921. pp. 1975-1978.)

TUBERCULOSIS.—Baldwin, E. R., and L. U. Gardner. Reinfection in tuberculosis. Experimental arrested tuberculosis and subsequent infections. (Am. Rev. Tuberc., Aug., 1921. pp. 429-517, tables, illus.)

TUBERCULOSIS.—Brown, Lawrason. Some causative factors of pulmonary tuberculosis. (Am. Rev. Tuberc., Aug., 1921. pp. 518-546.)

WAGES.—Barton, D. M. Women's minimum wages. (Royal Statistical Society Jour., July, 1921. pp. 538-567, tables.)

WASSERMANN REACTION.—Kolmer, J. A. Standardization of the Wassermann reaction. (A. M. A. Jour., Sept. 3, 1921. pp. 776-779.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	June 18	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10
Total deaths	1128	1147	1072	1069	1041	984	1225	1107	1043	1086	1056	1124	1059
Annual Death Rate	10.28	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9.46	9.85	9.58	10 20	9.61
*Acute Infectious Diseases	35	44	33	38	30	29	42	21	22	31	21	23	24
Pul. Tuberculosis..	97	98	104	95	74	94	93	67	67	103	96	94	88
Influenza	6	3	1	1	1	3	1	3	1	1	..	3	1
Lobar Pneumonia.	36	49	37	38	27	12	16	24	23	21	22	38	34
Broncho Pneum...	19	32	27	22	38	25	37	36	38	26	26	46	26
**Violent Deaths ...	85	65	82	75	95	79	79	98	70	64	77	71	87
Deaths under 1 year.	168	150	188	158	186	181	247	228	210	216	199	210	177
Rates per 1,000 births	66.1	59.2	72.1	62.3	73.4	71.4	97.4	89 9	82.7	85 0	78.4	82 5	69.6
Deaths under 5 years	238	228	244	240	246	245	323	315	280	289	262	283	248
" 5-65 years ..	637	669	600	608	575	553	653	566	547	584	566	603	606
" 65 years and over	253	250	228	221	220	186	249	226	216	213	228	238	205

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases

Tuberculosis	239	346	268	201	291	241	215	200	244	198	265	232	199
Diphtheria	311	340	254	169	164	136	129	100	115	102	77	99	116
Measles	220	186	159	133	108	82	77	79	59	68	26	47	49
Scarlet Fever	211	209	104	67	47	40	30	28	33	40	35	30	35
Chickenpox	168	167	122	118	56	43	17	9	14	18	7	8	9
Influenza	11	3	5	2	4	4	11	8	17	6	2	5	4
Pneumonias	196	137	138	104	138	166	191	164	130	135	98	142	127
Typhoid Fever	4	16	16	26	25	21	33	17	28	41	66	70	53
Whooping Cough ...	146	180	102	112	169	149	128	120	135	102	105	126	78
Syphilis	188	223	208	251	465	200	185	191	289	237	222	220	219
Gonorrhoea	74	81	82	89	226	109	104	40	65	111	86	55	158
Poliomyelitis	1	3	4	4	6	12	13	23	24	10	22	39	35
Cerebro-spinal Meningitis	8	5	7	6	4	8	2	4	7	11	8	4	4
Total	1772	1896	1464	1282	1703	1211	1135	983	1100	1074	1019	1087	1051

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, Sept. 10, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	496	463	456	1127	598	68	11 84	10.61	10.45
The Bronx	732,016	778,528	136	116	105	275	275	12	9.49	7.77	7.04
Brooklyn	2,022,262	2,077,674	349	347	370	970	373	36	8.98	8.71	9.29
Queens	466,811	497,627	81	95	99	177	105	4	8.83	9.96	10.38
Richmond	115,969	121,252	28	38	29	57	17	1	12.57	16.35	12.48
Total	5,621,151	5,751,859	1090	1059	1059	2606	1363	116	10.04	9.61	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-seven weeks of this year there were 47,067 deaths, a rate of 11.54 per 1,000 population. During the corresponding weeks of last year there were 55,894 deaths, a rate of 13.92 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over
Manhattan	7	29	2	..	..	16	13	31	30	8	6	31	88	116	270	77
The Bronx	2	28	..	..	1	6	7	4	4	1	..	6	10	15	77	24
Brooklyn	7	14	..	1	2	10	12	34	30	4	..	31	57	87	185	75
Queens	..	5	..	..	..	..	3	8	8	1	..	7	18	23	46	26
Richmond	..	7	..	..	..	2	1	1	1	1	..	6	4	7	28	3
Total	16	83	2	1	3	34	36	78	73	15	6	81	177	248	606	205

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	84	77.8	24	22 2	11	15	111	25.2	28	6 3	7	1.6
The Bronx	18	45.2	5	17.4	2	1	19	11.8	6	3 7	1	.6
Brooklyn	59	62.6	15	15.9	6	9	89	19 9	30	6 7	4	.9
Queens	18	100 0	4	22 2	3	1	23	21.6	8	7 5	..	..
Richmond	3	55.9	..	..	..	..	6	25.2	1	4 2	..	..
City of New York.	177	69.6	48	18.9	22	26	248	21 0	73	6 2	12	1.0

During the first thirty-seven weeks of this year 7,124 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,665 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanit.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 9-3-'21..	45	68	3	24	7	29	..	25	1	2	..	3	..	..	..	30	..	634	118	884
Admitted	10	20	1	20	2	8	..	11	1	1	..	2	..	..	..	10	..	22	4	112
Discharged ..	9	26	1	15	2	8	..	11	..	..	..	1	..	..	..	3	..	16		92
Died		1		1	..	..	..	..	..	..	..	..	..	..	..	..	..		2	4
Rem'g 9-10-'21.	46	61	3	28	7	29	..	25	2	3	..	4	..	..	..	37	..	540	115	900
Total treated	55	88	4	44	9	37	..	36	2	3	..	5	..	..	..	40		556	117	996

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1,059	1,090	570	489	177	33	33	248	48	69	196	293	205
1. Typhoid Fever	6	7	2	4	..	..	..	..	3	..	3	..	.
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	.	.
5. Measles	..	1	..	..	..	..	..	..	..	..	..	.	.
6. Scarlet Fever	..	3	..	..	..	..	..	..	..	..	..	.	..
7. Whooping Cough	8	28	4	4	4	3	1	8	..	..	..	.	..
8. Diphtheria	8	4	3	5	..	1	3	4	4	..	..	.	.
9. Influenza	1	4	1	..	..	..	..	..	..	..	1	.	..
Poliomyelitis	9	..	6	3	1	1	2	4	5			..	..
12. Other Epidemic Diseases	3	3	1	2	..	..	1	1	..	1	..	..	1
13. Pulmonary Tuberculosis	88	108	49	34	..	..	..	..	2	19	36	23	8
14. Tbc. Meningitis	..	3	..	..	..	..	..	..	..	..	..	..	
15. Other forms Tbc.	3	10	2	1	..	..		..	1	1	1	..	..
16. Cancer, Malignant Tumor	107	84	53	54	..	..	1	1	2	1	14	58	31
17. Simple Meningitis	3	7	2	1	..	..	2	2	..	..	1	..	
17a. Cerebro-spinal Meningitis	2	4	1	1	...	1	..	1	..	1	..	..	
18. Apoplexy, Softening of the Brain	12	12	5	7	..	..	..	..	..	..	1	4	7
19. Organic Heart Diseases	176	182	82	94	1	..	2	3	2	3	26	75	67
20. Acute Bronchitis	3	9	3	..	..	1	1	2	..	..	..	1	..
21. Chronic Bronchitis	3	3	3	..					..	..	..	3	.
22. Lobar Pneumonia	84	27	21	13	3	3	2	8	2	3	8	8	5
22a. Broncho Pneumonia	36	28	17	19	19	6	1	26	1	1	1	2	5
23. Other Respiratory Diseases	4	5	2	2	..	..	1	1	..		..	1	2
24. Diseases of the Stomach (Cancer excepted)	6	6	5	1	3	..	..	3	..	..	2	1	..
25. Diarrhoeal Diseases (under 5 years)	73	98	32	41	48	14	11	73	..	.	.	..	..
26. Appendicitis and Typhilitis	13	14	12	1	..	..	..	..	4	2	4	3	..
27. Hernia, Intestinal Obstruction	15	20	8	7	1	..	..	1		1	2	6	5
28. Cirrhosis of Liver	4	10	1	3	..	..	.	..	..	..	..	2	2
29. Bright's Disease and Nephritis	68	67	38	25	2	..	1	3	..	2	8	21	29
30. Diseases of Women (not Cancer)	6	9	..	6	..	..	..	..		..	4	2	.
31. Puerperal Septicaemia	1	..		1		..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	3	3		3	..		..			2	6	..	..
33. Congenital Debility, and Malformations	32	57	40	42	32		..	32	..				..
34. Old Age	3	3	2	1								.	3
35. Violent Deaths	37	30	27	20	1	..	7	8	17	17	26	14	5
a. Sunstroke	2	..	..	2	..	..		..	1	..	..	..	1
b. Other Accidents	29	21	21	18	1	..	7	8	16	14	22	14	4
c. Homicide	6	9	6	..	..	..		..		3	3	.	
36. Suicide	15	11	11	4						2	6	6	1
*37. All other causes	31	36	27	34	12	3	2	17	5	13	14	32	30
38. Ill-defined causes	1	2	..	1		..	..	..	..		1	..	.

Deaths in Institutions,	479	Mean temperature,	73.7 deg. Fahr.
Mean barometer,	29.84	Maximum temperature,	85.0 deg. Fahr.
Mean humidity,	68.0	Minimum temperature,	64.0 deg. Fahr.
Precipitation,	.26		

†If the deaths under one month, numbering 74 from all causes, be deducted from the total deaths under one year, the resulting rate will be 40 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 11, Diabetes 20, Alcoholism 2, Locomotor Ataxia 0, Paresis 2, Arterio-sclerosis 47, all other congenital causes 7.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. SEPTEMBER 24, 1921. No. 39.

THE WORK OF THE DEPARTMENT OF HEALTH'S OCCUPATIONAL CLINICS.

During last year, a total of 17,143 food-handlers and industrial workers were examined in the occupational clinics conducted by the Bureau of Preventable Diseases of the Department of Health. Of those examined, 8,937 were bakers, the balance being divided between waiters, cooks, milk-handlers, soda-water fountain attendants, etc., and 295 industrial workers not food-handlers.

For the first time in the history of this work, the Borough of Brooklyn registered the largest number of examinations, namely 6,068, as against 4,780 food-handlers examined in the Borough of Manhattan, which had the next largest record. This increase was probably due to greater activity on the part of the inspectors of the Bureau of Food and Drugs in the Borough of Brooklyn, or possibly to the fact that many of the food-handlers who were required to be examined were residents of Brooklyn, working in the Borough of Manhattan, and availed themselves of the privilege to be examined in the Borough of their residence. Out of a total of 295 examinations of workers in various industries, 220 were made by the Manhattan Occupational Clinic.

Most interesting information may be obtained from an analysis of the findings resulting from an examination of food-handlers in the occupational clinics of the respective boroughs. These merit careful study, not only because they show the difference in the results obtained in the respective Boroughs, but also because they throw light upon the results which might be obtained if it were feasible to examine all of the 750,000 persons estimated to be employed as food-handlers in the city, if our personnel was adequate for such a stupendous undertaking. Finally, this analysis is important because, in contrast with the results of the 55,673 examinations of food-handlers made by private physicians during the year 1920, our own occupational clinics, though they were not uniformly administered, nor as favorably situated with respect to supervision, equipment, and personnel, as they might be, nevertheless made a showing which indicates that the private physicians are not all contributing conscientiously to the protection of the public health from food-handlers who may be affected with communicable disease.

Excluding the 295 industrial medical examinations made in these clinics, a total

Digitized by Google

of 16,484 food-handler examinations were made. Of this number 28 per cent were found to present a physical defect of significant character.

In the Borough of Manhattan, including miscellaneous food-handlers and bakers, 30 per cent were found physically defective; in the Borough of The Bronx, 15 per cent—the smallest number recorded in any Borough—were found to be defective; in the Borough of Brooklyn, 32 per cent; in the Borough of Queens, 26 per cent; and in the Borough of Richmond 37 per cent were found physically defective.

Before presenting deductions and estimates, it is necessary to explain certain distinctions which are made in the classification of diseased food-handlers, so that their significance will be properly understood. First, we have a group who are referred to as "excluded food-handlers."

These are persons who are found to be suffering from a communicable disease in a form likely to be a source of infection to others, in which case they are excluded from their work immediately. There are a number of individuals who quite properly have been listed under this head, but who, because they are suffering from a communicable disease condition which was rapidly cleared up and were excluded from work as food-handlers for only a relatively short period of time, were therefore listed at the end of the year among the second classification, namely, the "probation cases." A food-handler under "probation" is one who has either been excluded for a brief period of time until the communicability of the disease from which he or she may be suffering has been overcome by appropriate treatment, or is one who is found to be suffering from tuberculosis or syphilis in a quiescent or arrested form. Under probation cases, we also list those who present clinical evidence which gives reasonable warrant for suspecting that the individual is a typhoid carrier, or presents signs suspicious of tuberculosis or syphilis, requiring observation and study. This group of supected cases are kept on the probation list until a decision can be made. The overwhelming majority of our cases on "probation" are cases of temporarily active, quiescent, or arrested cases of syphilis and tuberculosis, or suspected typhoid carriers. Necessarily, the Department cannot legally or justly exclude from the right to earn a livelihood, as a foodhandler, one in whom the evidence of communicable disease is of indefinite character. For this reason, the cases permanently excluded from work, because of tuberculosis, have, in the past, been solely those who were shown to have a positive sputum. In the Borough of Manhattan eight positive sputum cases of tuberculosis were found by the Occupational Clinic staff, and were permanently excluded from work. If the ratio of foodhandlers suffering from tuberculosis and having a positive sputum may be assumed to be the same, among the approximately 750,000 food-handlers in this city, as it was among the 4,780 examined in our Manhattan Occupational Clinic, we would have approxiately 17 positive sputum cases per 10,000 food-handlers in the city, or a total of 1,252 food-handlers of this type in the city. There is reasonable ground for the belief that this is an underestimate of the actual number of tuberculous individuals in this group of our community. As a matter of fact, the seven tuberculosis clinics of this Bureau in the Borough of Manhattan, reported 14 positive sputum cases among the food-handlers examined in the course of their routine work during the year.

In the Borough of Brooklyn 10 foodhandlers having positive sputum were excluded, giving a ratio of 16 per 10,000. In the Borough of The Bronx, 4 positive sputum cases were found, giving a ratio of 14 per 10,000. In Manhattan, 123 food-handlers of 4,780 examined were placed on probation, during 1920, because they were either suspected of having active tuberculosis, or because they showed signs of an apparently arrested tuberculosis; this is a ratio of 278 per 10,000 food-

Digitized by Google

handlers. If the same ratio obtained among all food-handlers in the city, there would be 19,275 such foodhandlers in the City of New York. The results of the examinations by draft boards, and by the tuberculosis specialists in the army in the recent war, give support to the belief that this estimate is within reasonable limits. The Framingham Demonstration, as well as our own experience in previous years, would also indicate that the results of the Manhattan Occupational Clinic service, as to the prevalence of suspected or arrested cases of tuberculosis, were fairly accurate. In the Borough of The Bronx, no cases were put on probation as arrested or suspected tuberculosis. In the Borough of Brooklyn, where the number of food-handlers examined was at least 20 per cent greater than in the Borough of Manhattan, only 20 cases were placed on probation because of suspected or arrested cases, giving a ratio of 33 per 10,000 food-handlers.

It has often been asked, "Does the expense of examining food-handlers justify itself?" The facts just presented with reference to the probable prevalence of tuberculosis among this group should of itself be sufficient to vindicate the work, but there is still more that this work has proved, as will be shown.

With reference to the prevalence of syphilis among the food-handlers, some interesting facts present themselves from the study of our records. Ten persons were excluded in the Manhattan Clinic, that is, a ratio of 20 per 10,000 of food-handlers who showed an apparently actively infectious syphilitic condition. If the same ratio may be assumed to exist among foodhandlers as a class, we would find at least 1,500 foodhandlers who, for varying periods of time, show signs of syphilis in a form likely to be a source of infection to others. In the Borough of The Bronx, one case was excluded because of active syphilis; in the Borough of Brooklyn, 37 cases were excluded for this cause, making a ratio of 60 per 10,000 foodhandlers. In the Boroughs of Queens and Richmond not a single case was excluded because of syphilis. In the city as a whole, 104 cases of active syphilis were excluded, giving a ratio of 65 per 10,000 foodhandlers.

Manifestly, our examinations of foodhandlers, which are made and required but once a year, except for those who are found to be suffering from an arrested or suspected communicable disease, are insufficient in number for the protection of public health. Many infections may occur in the intervals between examinations. It would be impracticable to consider, at present, making examinations more often than once a year, when, strive as we will, we cannot examine more than about 17,000 food-handlers all told, per year, making but a single examination during the period.

The Manhattan Occupational Clinic placed on probation 66 cases of latent or inactive syphilis in the course of the year, giving a ratio of 133 cases of latent or inactive syphilis per 10,000 food-handlers. If this ratio prevailed among the three-quarter million food-handlers, estimated to be at work in the City of New York, we would find a total of 10,350 cases of syphilis of this type among this vocational group. It is obvious that while these cases, as a rule, are not an active menace to the health of the community, it is necessary for this Bureau, however, in the interest of the welfare of the foodhandlers themselves, to make them "probation" cases, so that they will be compelled to come to our occupational clinics at comparatively frequent intervals for examination and advice which, it is our practice, to give in all probation cases. Moreover, in making all our probationary cases report at frequent intervals for purposes of medical observation, we are in the position of being able to detect those cases which might, perchance, become active again, and become a source of danger to others.

The Manhattan Occupational Clinic excluded 3 persons in the course of the year because of acute gonorrhoea. This number would, we know, be considerably

Digitized by Google

augmented if we had the facilities to examine the males more thoroughly than we do, and, especially, if we could examine the female food-handlers as carefully at least, as we do the males, for evidence of acute gonorrhoea. While the diagnosis of acute gonorrhoea in women is at best a difficult one to confirm by laboratory test, nevertheless we could do a great deal more if our relatively small staff of physicians were not under the necessity of taking care of comparatively large numbers of food-handlers who apply to our clinics for examination. The 3 acute gonorrhoea cases found by the Manhattan Clinic gives a ratio of 6 cases per 10,000 food-handlers. If the same ratio obtained for all food-handlers, we would find at least 450 male food-handlers in the city so affected, in the course of the year. Taking into account the necessarily superficial character of our examinations, we know that this is a very decided under-estimate.

There were 28 male foodhandlers in whom evidence of chronic gonorrhoea, with discharge or shreds, was found. If this ratio is assumed to represent the prevalence among foodhandlers as a group, we would expect to find 4,350 such cases in the city.

Finally, the Manhattan Clinic found 137 persons who were engaged in food-handling and who had a previous history of an attack of typhoid fever, or who gave a positive result to the Widal test, or who justified the suspicion that they might be intermittent typhoid carriers on other grounds. The ratio of such suspected typhoid carriers in the Manhattan Occupational Clinic was 286 per 10,000. If this ratio may be assumed to hold good for all foodhandlers, we would have a total of 21,450 suspected typhoid carriers among foodhandlers in the city. This is probably an excessive ratio, because special vigilance was demanded to discover suspicious typhoid carriers.

We cannot exclude these suspected typhoid carriers from their work, because the courts would not uphold us in the exercise of our police power unless we could assert that, in the course of our examinations, we had found that, in addition to giving a history of typhoid fever and the presence of a positive Widal test, we had discovered typhoid bacilli in the stools. The Manhattan Clinic found one food-handler in whose stools the presence of typhoid bacilli could be demonstrated; this food-handler was, of course, excluded at once. In the Borough of Queens two such active typhoid carriers were found among the foodhandlers, making a total of three active, chronic, typhoid carriers discovered by our clinic staff.

In addition, there were a variety of parasitic skin affections, such as scabies and pediculosis, trachoma, etc., which were found among the food-handlers by the occupational clinics, which resulted in temporary exclusion and caused them to be subsequently placed upon probation; 10 such cases were found in the Borough of The Bronx; 125 in the Borough of Brooklyn; 3 in the Borough of Queens; making a total of 522 food-handlers who were placed on probation for miscellaneous communicable affections of the skin, or other parts of the body. In fact, one typical clinical case of tonsillar diphtheria, and one of scarlet fever were found among these miscellaneous conditions; also one case of tubercular affection of the skin.

Food-handler Examinations by Private Physicians—Whereas the Occupational Clinics of the Department of Health examined a total of 16,848 general food-handlers and bakers, private physicians in this city, who obtained special authorization to do this work from the Bureau of Preventable Diseases, examined 55,673 persons—nearly three and one-half times as many as were examined by our five Occupational Clinics. The bulk of the work by private physicians was done in the Borough of Manhattan, where a total of 45,027 examinations were made, by 1,909 pri-

Digitized by Google

vate physicians; 1,101 examinations were made by private physicians in the Borough of The Bronx; 6,275, in the Borough of Brooklyn; 2,838, in Queens; and 432, in Richmond. The following tabulation summarizes the work of private physicians in 1920:

RECORD OF PRIVATE PHYSICIANS' EXAMINATIONS OF FOOD-HANDLERS, 1920.

	Manhattan	Bronx	Brooklyn	Queens	Richmond	City
Total Examinations	45,027	1,101	6,275	2,838	432	55,673
Excluded for Tuberculosis	3	4	1	0	0	8
Probation Tuberculosis Cases	10	3	0	0	0	13
Syphilis Cases Excluded	13	0	0	0	0	13
Syphilis Cases on Probation	14	0	0	0	0	14
Acute Gonorrhoea Excluded	2	0	0	0	0	2
Chronic Gonorrhoea Probation	1	0	0	0	0	1
Excluded as Typhoid Fever:						
Carriers	2	0	0	0	0	2
Suspected Carriers	4	0	0	0	0	4
Scarlet Fever	1	0	0	0	0	1
Tuberculosis of Skin	1	0	0	0	0	1

VITAL STATISTICS FOR THE WEEK ENDING SEPTEMBER 17, 1921.

The mortality record of the week just closed is the lowest weekly death rate ever experienced by the City of New York, there having been only 967 deaths recorded with a death rate of 8.77 per 1,000 of the population.

In 1920 the lowest death rate was on July 17th, that of 9.00; in 1919 the lowest rate was that of September 20th, with a rate of 9.04; in 1918 the lowest rate was in August 31st, the rate being 10.05; in 1917 the week of June 14th showed a rate of 10.95.

Mortality from infectious diseases are at a low ebb at this time of the year, and was approximately the same as that of the corresponding week in the year 1920. The mortality from cancer and from organic heart and kidney diseases show a low weekly mortality in recent years, there having been 320 deaths from these causes during the week as compared with 361 deaths in the corresponding week of 1920. Pneumonias show six less deaths. Violence showed twenty-two less deaths; pulmonary tuberculosis showed an increase of ten in mortality, an unusual happening by reason of the almost continuous decrease in the number of the deaths reported weekly from this cause.

There were 151 deaths of infants during the week under one year of age, as compared with 177, a decrease of 26. At the other extreme of life, ages sixty-five and over, there was a decrease of 30 deaths. At the other age groups there was a decrease of 16 deaths. The death rate for the first 38 weeks of the year was 11.47 per 1,000 of the population, as compared with a rate of 13.80 during the corresponding period of 1920, a decrease of 2.33 points. From January 1st to date 75 children died under one year of age out of every 1,000 born, as compared with 91 deaths in the corresponding period of 1920, a decrease of 16 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

AIR, ANALYSIS.—Redway, J. W. Indoor air and out-of-door air. (Med. Times, Sept., 1921. pp. 209-211.)

BOTULISM.—Meyer, F. K., and J. C. Geiger. Some suggestions concerning the bacteriological diagnosis of human botulism. (Am. Food Jour., Aug., 1921. pp. 29-30.)

BOTULISM.—Orr, P. F. A rapid method of determining the presence and type of botulinus toxin in contaminated food. (J. Infec. Diseases, Sept., 1921. pp. 287-290, tables.)

CARRIERS.—Craig, C. F. Unrecognized infections in production of carriers of pathogenic organisms. (A. M. A. Jour., Sept. 10, 1921. pp. 827-833.)

DIPHTHERIA.—Zingher, A. Diphtheria prevention work in the public schools of New York City. (A. M. A. Jour., Sept. 10, 1921. pp. 835-841, tables.)

DISINFECTION.—Conover, J. R., and J. L. Laird. Hand disinfection—an investigation of various preparations for this purpose. (Am. J. Pub. Health, Sept., 1921. pp. 816-824, tables.)

FATIGUE.—Baumberger, J. P. Fatigue and error in a mental occupation. (J. Ind. Hyg., Sept., 1921. pp. 168-172.)

MEASLES.—Cumming, J. G. Measles and its allies. (Am. J. Pub. Health, Sept., 1921. pp. 785-793.)

MILK DISTRIBUTION.—Erdman, H. E. The marketing of whole milk. 1921. 333 pp., diagrs., tables. 614.32Er2

MILK, PASTEURIZED.—Krumwiede, C., and W. C. Noble. On the claim that some typhoid-paratyphoid strains survive the milk pasteurization. (J. Infec. Diseases, Sept., 1921. pp. 310-312, tables.)

PHYSICAL TRAINING.—Elliott, R. W. Physical education from the standpoint of the industrial physician. (J. Ind. Hyg., Sept., 1921. pp. 168-172.)

SYPHILIS.—Taniguchi, T., and N. Yoshinare. The Sachs-Georgi precipitation test for syphilis and a comparison with the Wassermann reaction in over 1,500 cases. (Lancet, Aug. 13, 1921. pp. 239-240.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	June 25	July 2	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17
Total deaths	1147	1072	1069	1041	984	1225	1107	1043	1086	1056	1124	1059	967
Annual Death Rate	10.40	9.72	9.70	9.44	8.93	11.12	10.04	9.46	9.85	9.58	10 20	9.61	8.77
*Acute Infectious Diseases	44	38	38	30	29	42	21	22	31	21	23	24	16
Pul. Tuberculosis..	98	104	95	74	94	98	67	67	103	96	94	83	91
Influenza	3	1	1	1	3	1	3	1	1	..	3	1	3
Lobar Pneumonia.	49	37	38	27	12	16	24	23	21	22	38	34	18
Broncho Pneum...	32	27	22	38	25	37	36	38	26	26	46	38	35
**Violent Deaths ...	65	82	75	95	79	79	93	70	64	77	71	87	69
Deaths under 1 year.	150	183	158	186	181	247	228	210	216	199	210	177	151
Rates per 1,000 births	59.2	72 1	62.3	73.4	71.4	97.4	89.9	82.7	85.0	78.4	82 5	69.6	59.2
Deaths under 5 years	228	244	240	246	245	323	315	280	289	262	283	248	216
" 5-65 years ..	669	600	608	575	553	653	566	547	584	566	603	606	546
" 65 years and over	250	228	221	220	186	249	226	216	213	228	238	205	205

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	846	268	201	291	241	215	200	244	198	265	232	190	202
Diphtheria	840	254	169	164	136	129	100	115	102	77	99	116	111
Measles	186	159	188	108	82	77	79	59	68	26	47	40	29
Scarlet Fever	209	104	67	47	40	80	28	33	40	85	30	36	46
Chickenpox	167	122	118	56	43	17	9	14	13	7	8	2	13
Influenza	3	5	2	4	4	11	8	17	6	2	5	4	11
Pneumonias	137	138	104	138	166	191	164	120	135	98	142	127	145
Typhoid Fever	16	16	26	25	21	38	17	28	41	66	70	53	70
Whooping Cough ...	180	102	112	169	149	128	120	135	102	105	126	78	108
Syphilis	223	203	251	465	200	185	191	239	237	222	220	219	444
Gonorrhoea	81	82	89	226	109	104	40	65	111	86	55	155	253
Poliomyelitis	8	4	4	6	12	13	23	24	10	22	39	26	61
Cerebro-spinal Meningitis	5	7	6	4	8	2	4	7	11	8	4	4	9
Total	1896	1464	1282	1703	1211	1135	983	1100	1074	1019	1087	1061	1590

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, Sept. 17, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	477	420	403	1037	369	35	10 91	9 63	9.24
The Bronx	732,016	772,528	107	113	107	294	139	11	7.47	7.57	7.17
Brooklyn	2,022,262	2,077,674	361	332	359	1013	232	47	9.24	8.34	9.02
Queens	466,811	497,627	61	79	80	238	39	10	6 65	8.82	8 39
Richmond	115,959	121,252	34	23	18	60	8	2	15.02	9.90	7.75
Total	5,621,151	5,751,859	1040	967	967	2642	787	105	9 58	8.77	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-eight weeks of this year there were 48,034 deaths, a rate of 11.47 per 1,000 population. During the corresponding weeks of last year there were 56,034 deaths, a rate of 13.80 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	2	83	1	2	2	8	15	36	35	7	4	25	63	91	285	94
The Bronx	..	22	..	..	1	2	4	1	1	..	..	8	13	17	70	26
Brooklyn	5	22	..	1	..	8	12	24	24	7	..	26	55	81	187	64
Queens	..	8	1	..	..	..	3	7	6	3	..	4	15	21	44	14
Richmond	..	6	..	..	..	..	1	4	4	..	..	2	5	6	10	7
Total	7	91	2	3	3	18	35	72	70	17	4	65	151	216	546	205

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	56	51.8	29	26 8	13	16	81	18 4	32	7.3	2	0.4
The Bronx	17	58 8	1	3.5	..	1	22	13.7	1	0.6	..	..
Brooklyn	57	60 3	21	22.2	7	14	86	19 2	28	6.3	4	0 9
Queens	16	88 4	4	22 1	1	3	21	19.8	5	4 7	..	..
Richmond	5	93 8	4	75.0	..	4	6	25.2	4	16 8	..	..
City of New York.	151	59.2	59	23.2	21	38	216	18 3	70	5.9	6	0.5

During the first thirty-eight weeks of this year 7,275 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 8,842 died, a rate of 91. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor	Riverside Hospital	Grand Total
Rem'g 9-10-'21.	46	61	3	28	7	29	..	25	2	3	..	4	..	..	..	37	..	540	115	900
Admitted	3	12	1	18	2	7	1	6	..	..	..	1	..	..	..	.	..	15	3	69
Discharged	8	10	2	9	2	3	..	7	..	1	..	1	..	..	..	8	..	17	5	73
Died	..	1	..	..	..	1	..	1	..	..	..	1	..	..	..	..	..	..	5	9
Rem'g 9-17-'21.	41	62	2	37	7	27	1	23	2	2	..	3	..	..	..	34	..	538	108	887
Total treated	49	73	4	46	9	36	1	31	2	3	..	5	..	..	..	37	..	555	118	969

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	967	1040	515	452	151	30	35	216	54	55	168	269	205
1. Typhoid Fever	7	8	2	5		..	..	..	2	..	2	.	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	.	
5. Measles	1	..	1	..	..	1	..	1	.	..	..	.	.
6. Scarlet Fever	..	2	..	..	..	..	..	..	..	..	..	.	..
7. Whooping Cough	3	12	1	2	1	2	..	3	..	.	..	.	.
8. Diphtheria	3	7	3	..	..	1	1	2	1	..	..	.	.
9. Influenza	3	2	..	3	..	..	..	..	..	..	..	2	1
Poliomyelitis	14	2	10	4	..	3	3	6	8	..		..	..
12. Other Epidemic Diseases	..	3	..	..	..	..	..	..	..	..	..	..	..
13. Pulmonary Tuberculosis	91	81	52	39	..	..		..	2	17	41	23	8
14. Tbc. Meningitis	7	6	3	4	..	1	3	4	1	1	1	..	..
15. Other forms Tbc.	6	6	3	3	..	2		2	..	2	1	1	..
16. Cancer, Malignant Tumor	96	101	41	55	..	..	..	..	1	..	11	48	36
17. Simple Meningitis	1	2	..	1	..	..	..	..	..	..	1	..	.
17a. Cerebro-spinal Meningitis	2	1	1	1	1	..		1	1	..	..	..	
18. Apoplexy, Softening of the Brain	15	15	6	9	..	..	.	..	..	1	2	6	6
19. Organic Heart Diseases	147	170	77	70	..	1	2	3	4	11	15	58	56
20. Acute Bronchitis	3	3	2	1	1	..	..	1		..	1	..	1
21. Chronic Bronchitis	1	4	1	..						..	..	..	1
22. Lobar Pneumonia	18	27	13	5	1	..	3	4	3	2	..	7	2
22a. Broncho Pneumonia	35	32	19	16	16	7	4	27	..	..	1	4	3
23. Other Respiratory Diseases	5	8	2	3		..		..	1		1	2	1
24. Diseases of the Stomach (Cancer excepted)	9	9	6	3	3	..	..	3	..	..	2	3	1
25. Diarrhoeal Diseases (under 5 years)	70	66	37	33	59	7	4	70		..	..	.	..
26. Appendicitis and Typhilitis	19	11	15	4	..	..	1	1	3	1	10	3	1
27. Hernia, Intestinal Obstruction	10	15	7	3	2	..	..	2		..	1	2	5
28. Cirrhosis of Liver	3	5	3	..	..	..	..	..		..	..	3	..
29. Bright's Disease and Nephritis	59	77	27	32	..	..	..	..	..	1	7	20	31
30. Diseases of Women (not Cancer)	7	4		7	..	..	..	..		..	6	1	..
31. Puerperal Septicaemia	1	1		1			..	..		..	1	..	..
32. Other Puerperal Diseases	7	12		7	..		..			1	6	..	..
33. Congenital Debility, and Malformations	59	59	29	30	58	1	..	59	..				..
34. Old Age	2	7	1	1								..	2
35. Violent Deaths	69	97	53	16	1	1	5	7	21	7	22	7	5
a. Sunstroke	..	..	..	..	..	..		..	..	..	..	..	..
b. Other Accidents	65	79	50	15	1	..	5	6	21	7	19	7	5
c. Homicide	4	18	3	1	..	1		1		.	3		..
36. Suicide	17	11	9	8						1	7	8	1
*37. All other causes	176	170	90	86	8	3	9	20	6	10	29	62	49
38. Ill-defined causes	1	5	1	..		..	..	..		.	..	1	..

Deaths in Institutions,	445	Mean temperature,	69.9 deg. Fahr.
Mean barometer,	29.91	Maximum temperature,	82.0 deg. Fahr.
Mean humidity,	73.0	Minimum temperature,	59.0 deg. Fahr.
Precipitation,	.34		

†If the deaths under one month, numbering 77 from all causes, be deducted from the total deaths under one year, the resulting rate will be 30 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 12, Diabetes 8, Alcoholism 1, Locomotor Ataxia 1, Paresis 2, Arterio-sclerosis 46, all other congenital causes 4.

86a-2000-21-O

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. OCTOBER 1, 1921. No. 40.

PHYSICIANS OF MANHATTAN REQUESTED TO AID DEPARTMENT OF HEALTH'S RESEARCH LABORATORY IN WHOOPING COUGH INVESTIGATION.

In spite of the fact that pertussis vaccine has been in use for some years, there is little unanimity of opinion as to its value in the treatment or in the prevention of whooping-cough. The failure of observers to agree as to its value, suggests the possibility that the vaccine, as now prepared, is not very efficacious, because if it had a very definite value, as have certain other biological products, an agreement would probably have been reached in a relatively short time. Several factors may enter into this apparent failure of pertussis vaccine to give unquestionably good results.

The Bureau of Laboratories of the Department of Health is continuing its investigation of the problems involved, but is badly handicapped because of the difficulties of obtaining material from early cases of whooping-cough. Most of the notifications received by the Department are of cases well along in the disease, and are, therefore, unsatisfactory for cultural examinations.

We, therefore, ask physicians to notify us of early cases of whooping-cough, in families who would be willing to have a representative of the Laboratory visit them to obtain material for cultural examination.

The Laboratory wishes to obtain material not only from early cases of whooping-cough, but also from children who have been exposed and who show signs suggesting the onset of the disease. In the latter type of case we hope to obtain permission to repeat the examinations, if unmistakable symptoms of the disease develop.

Because of the difficulties of travel, and to save the time of the Laboratory's limited help, we are making this appeal to the physicians of Manhattan only.

Notification by postal card or telephone should be addressed to the:

BUREAU OF LABORATORIES,
FOOT OF EAST 16TH STREET, MANHATTAN.
TELEPHONE, STUYVESANT 1600, EXTENSION 103.

In such cases, the Laboratory will appreciate a statement as to the character and duration of the disease, and that members of the family have expressed a willingness to co-operate in the procedures mentioned.

Digitized by Google

INSPECTION OF BAKERIES IN NEW YORK CITY.

The fact that sanitary certificates of bakeries expire one year from date of issue assures a continuous inspection, not only for the purpose of determining sanitary conditions, but also to ascertain the quality of food prepared and sold.

In conjunction with this routine inspection, the inspectors of the Bureau of Food and Drugs, of the Department of Health, from time to time, are detailed to carry out special investigations for the purpose of learning if the standards of wholesomeness for foods are maintained in the bakeries. This special work is so arranged that night inspections are made, and a thorough investigation carried out along the lines indicated.

It is of interest to note, considering the number of inspections made at bakeries, and the number of bakers conducting business in this city that the food produced generally is of very good quality.

An increase in the number of bakeries has added considerably to the work within the last few years.

Often in the establishing of a bakery, proper attention has not been given to arrangements for the discharge of smoke and cooking odors. Owing to this, we have had a number of complaints to handle from citizens, and where such complaints were well founded, and the operator of the bakery did not take the proper action by installing adequate means for ventilation, prosecution was recommended. A number of dealers, however, upon finding that the Department would not countenance their operating a nuisance, have made suitable installation of mechanical means of ventilation.

Several cellar bakeries have been found in operation without the required exemption and sanitary certificates. As these bakeries had been in continuous operation since the passage of the State Labor Law, where the sanitary conditions were proper, every effort was taken to legalize them.

Particular attention has also been given to the requirements of Section 142 of the Sanitary Code, which relates to the exposure to contamination from dust and dirt of baked products, and where flagrant violations were found, the facts were brought to the attention of the proper court.

During the past year, eggs which were decomposed and unfit for human food purposes, were found in the possession of several of the supposed representative large bakers, and where such spoiled products were discovered, a recommendation was made that the dealers be prosecuted.

During the past year, in the course of inspection of wholesale bakeries, enormous quantities of flour, which was wormy or weevily, were found. There were such large amounts affected that most of the wholesale bakers deemed it profitable to install special reconditioning apparatus.

The requirement of the law that all food handlers possess certificates of freedom from transmissable disease, in the form of certificates of medical examination, is strictly enforced in the case of employees of bakeries.

SUPERVISION OF RESTAURANTS IN NEW YORK CITY.

Owing to the fact that restaurants cater directly to the public, the supervision of this branch of food industry is considered one of our most vital and important activities, and every care and attention is given to inspections of establishments of this character, especially with reference to determining the quality of food sold and served, and the sanitary conditions surrounding its handling.

In this connection, the enforcement of the requirements of Section 144 of the Sanitary Code, which relates to the methods employed in the cleansing of utensils, drinking glasses, etc., is important since improperly washed or cleansed glasses may be the means of transmitting various communicable or contagious diseases. The work

Digitized by Google

along these lines has been continuous, and results have been fairly satisfactory, considering the fact that the force of inspectors was small.

Several months ago, every district food inspector was detailed for a period of two weeks to devote his time exclusively to restaurant inspection, to determine, (a) quality of food, (b) sanitary conditions, and (c) if a permit had been secured. During these two weeks, practically every restaurant within the Borough of Manhattan was inspected, and the results reported indicated that these establishments had made every effort to conform with the requirements of the law.

SOME REASONS WHY FOOD IS COSTLY.

Complaints have been numerous and persistent in regard to the high cost of foodstuffs. This can be explained, in part, by quoting excerpts from the weekly reports of the activities of the Bureau of Foods and Drugs of the Department of Health.

For example, the steamship "Voyage," arriving from Los Angeles, California, carried in her hold a cargo of fourteen thousand four hundred and four crates of onions. These onions were packed in the hold of the ship in such a manner so as to cut off ventilation, and consequently one thousand seven hundred crates of the onions were found in a decomposed condition, precluding the possibility of their use for human consumption.

A condemnation was recently made, at the Bush Terminal, of two hundred and twenty-seven barrels of sauerkraut, the approximate weight being about 102,150 lbs. This sauerkraut was packed in Holland and shipped to a cold storage plant in this city, on or about November, 1920, and held until July, 1921. On inspection it was found to be decomposed and unfit for human consumption, constituting a total loss for the shippers.

A condemnation was made of 25,000 lbs. of dried mushrooms at the Bush Terminal, Brooklyn. The mushrooms in question were shiped in containers which allowed the entrance of moisture, causing the product to become mouldy and unfit for human consumption.

A condemnation was also made of about 113,300 lbs. of Spanish stuffed olives. The olives in question were shipped under conditions which caused their rapid spoilage in transit.

It can be readily seen that an enormous loss is caused by careless packing, transportation and lack of proper inspection at the shipping points. We could go on, if space would allow, and quote thousands of similar cases which total millions of dollars of loss yearly to the shippers of foods, and added taxation of the consumer.

THE ORIGINATOR OF THE MOSQUITO THEORY.

The British Medical Journal of August 13, last, publishes an article from which the attached excerpt is taken. In it is mentioned the part played by Dr. J. C. Nott, of Mobile, who, according to the article, anticipated by six years the claim made by Louis Daniel Beauperthuy as to the transmission of Yellow Fever by insects.

Attention is called to this because, Dr. J. C. Nott was an inspector of the Department of Health of this City, shortly after its organization in 1866, and some of the early yearly reports of the Department contain some interesting articles by Dr. Nott on the transmission of yellow fever.

"In 1908 Aristides Agramonte, now the sole survivor of the famous Yellow Fever Commission of 1900 to Cuba, the other members being Walter Reed, James Carroll, and Lazear, drew attention to Beauperthuy as a pioneer in yellow fever research, and showed that he had anticipated Dr. Carlos J. Finlay of Havana, who, in 1881, had promulgated the theary that the mosquito transmitted yellow fever. The late C. Louis Taylor in one of his serial Nova et Vetera, utilized the material provided by Agramoonte, and remarked that there is some truth in the saying that no accepted discoverer, whether in the world of science or of travel, is really the first in the field, and that in practically every case he has been forestalled by someone whose voice has failed to reach the public or has fallen on unheeding ears. In 1909 Rubert Boyce, Chauffard, and, Leechman of Demerara followed suit in doing honour to this neglected worker. No doubt the idea is generally in the air some time before a discovery is made, and in 1848, or about six years before Beauperthuy made his views public, J. C. Nott, of Mobile, in an article on the cause of yellow fever, disputed

Digitized by Google

the then accepted miasmatic doctrine, referred to the transmission of disease by insects as no novelty, mentioning Kircher (1659) and others as supporters, and reviewed a number of facts characteristic of yellow fever and malaria that were explicable only on the hypothesis of insect transmission."

ANOTHER TYPHOID OUTBREAK ORIGINATING IN A CARRIER.

(Article by W. T. Harrison, Passed Assistant Surgeon, United States Public Health Service, in Public Health Reports of Sept. 16, 1921.)

"During the period from May 25 to June 21, 1921, 10 members of the crew of the steamship *Lake Gunni* were admitted to the United States Marine Hospital at San Francisco, suffering from typhoid fever. Two seamen were admitted on May 25, one seaman on the 26th, one seaman and one fireman on the 27th, the boatswain on the 30th, one fireman on June 2, two seamen on June 6, and one mess boy on June 21. Upon admission of the first cases the medical officer in charge of the hospital requested that an investigation be made to determine the source of the infection. This inquiry was undertaken May 27.

"The *Lake Gunni* is a Shipping Board freighter, carrying a crew of 32, divided as follows: Deck 14; engine room, 12; steward's department, 6. There are two main living quarters aboard; one amidships, in which live the officers and members of the steward's department, totaling 15; the other in the forecastle, which on ships of this type is located aft, where 8 seamen, 5 firemen, and 3 oilers live. The boatswain lived forward alone. The galley, where food for the entire personnel is prepared, is located amidships, and all food is prepared by the same cooks.

"The vessel sailed from New Orleans April 29, arrived at the Canal May 6, sailed from Balboa May 7, arrived at San Pedro, Calif., May 22, and at San Francisco May 25.

"It was immediately established that the infection was acquired on board ship, since of the three cases first admitted to hospital only one had gone ashore during the voyage (at Balboa for a few hours), the other two having remained continuously on board. The man who went ashore at Balboa insisted that he took no food, but acknowledged having taken liquor and water.

"The fresh-water tanks were filled at New Orleans, Balboa, and San Pedro. Ice was taken on at New Orleans and Balboa, and steward's stores, including fresh meat and vegetables, were taken at New Orleans only. No fresh milk was taken at any port. Upon arrival at San Francisco all ice and fresh vegetables taken on at New Orleans had been consumed. Samples of ice taken at Balboa were collected and examined, as were also samples of water from the fresh-water tanks. These examinations were entirely negative. Although the tanks were filled three times on the voyage, it is very probable that any supply sufficiently contaminated to produce an epidemic of this high incidence would leave evidence in the tanks until they were properly treated to remove it.

"At the time when the examination into the water and ice supply was completed a total of six cases had been admitted to the hospital, all of these, except the boatswain living in the forecastle. No member of the crew living amidships showed symptoms of typhoid; and so it was evident that the source of the infection must be found in the forecastle, as the cooks and mess boys served all members of the crew alike.

"A carrier among the personnel living in the forecastle was strongly suggested, and each man was carefully questioned as to his personal history. A fireman (H. E.) gave a history of typhoid beginning February 23, 1921. He had been discharged from a New Orleans hospital on April 26, one day before joining the vessel. This man was placed in the hospital and a pure culture of *B. typhosus* was isolated from his urine in 24 hours. As this fireman had nothing to do with the preparation or handling of food it was necessary to establish a very intimate personal contact with his fellows to explain a typhoid incidence of 10 cases in 32 men.

"Upon investigation of the after living quarters it was found that each man is provided with a galvanized iron pail in which he washes his face and hands, takes his

Digitized by Google

bath, and launders his clothes. All agreed, when questioned, that it was the rule to interchange pails, and that the use of the same water, both for personal and laundry purposes, was very common. Towels were also used in common. All ate at the same table, as did the others. It is readily understood how a renal carrier could, under these conditions, disseminate the infection.

"Eight of the 10 cases developing on board lived in the forecastle, and the boatswain, although he slept forward, spent most of the day in intimate contact with the forecastle personnel. The mess boy, the tenth case, admitted June 21, was the only person living amidships to become ill, the disease in this case developing 15 days subsequently to the ninth case. He was one of the force detailed on June 1 to scrub the forecastle and remove infected bedding and utensils, and since symptoms first appeared on June 17, it is very probable that he acquired the infection at the former date, through failure to follow instructions relative to the proper disinfection of his hands upon completion of the work.

"*B. typhosus* was isolated from the blood of five cases, and all gave positive agglutination reactions varying from 1 to 200 to 1 to 1,000 in the third week of the disease. None gave a history of antityphoid vaccination. One case terminated fatally from hemorrhage at the end of the third week.

"After the removal of the carrier, the forecastle and the boatswain's quarters were thoroughly washed with antiseptic solutions followed by hot water and soap; the bedding, towels, utensils, etc., were sterilized with steam. No new cases have occurred since the termination of the incubation period.

"This outbreak of a small number of cases, but of exceedingly high incidence, shows the extreme importance of thorough examination of both feces and urine before the discharge of typhoid patients. It is also of interest to note that a carrier engaged in occupations other than food handling may, under certain circumstances, be responsible for the transmission of the disease."

MORTALITY BULLETIN FOR THE WEEK ENDING SEPT. 24, 1921.

In commenting on the mortality statistics of the week ending September 17, 1921, it was stated that the City had experienced the lowest death rate in its history; this week, however, did not long maintain its laurels for, in the week just closed, that of September 24, 1921, the death rate was below that of the preceding week, the figures being, respectively, 8.70 and 8.77 per 1,000 of the population. These rates cannot be criticised because the estimates of the population upon which they were calculated are based upon the exact procedures of the Federal Bureau of the Census.

It is extremely gratifying to note that the death rate from January 1 to September 24, 1921, was but 11.40 per 1,000 of the population. In Sepember and October, New York City enjoys its healthiest months, so that the outlook for the entire year promises a death rate far below that of any of the preceding years, since the year for which we first had complete and accurate statistics, 1866.

The Registrar of Records estimates that the death rate for the year, assuming normal conditions and the absence of any epidemic of large proportions, will be 11.30 per 1,000 of the population.

There were 24 fewer deaths during the week of infants under 1 year of age, as compared with the week of September 25, 1920; 18 fewer deaths between 1 and 5 years of age; 44 fewer deaths between 5 and 65 years; 42 fewer deaths at 65 years of age and over. A very reliable index of the sanitary conditions prevailing in any city is the mortality rate among infants under 1 year of age. The City of New York, from January 1 to date, records the lowest infant rate ever experienced in its history, for this period of time; 75 deaths of children under 1 year of age out of every 1,000 born. In the corresponding period of 1920, there were 90 deaths out of every 1,000 born. Thus the infant mortality rate for The City of New York, for the year 1921, bids fair to establish a new low death rate for this age group.

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	959	1,087	509	450	180	26	23	229	49	69	166	262	194
1. Typhoid Fever	7	5	5	2	.	..	..	..	1	3	3	.	.
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	.	.
5. Measles	..	2	..	..	..	..	..	..	..	..	..	.	..
6. Scarlet Fever	..	1	..	..	..	..	..	..	..	..	..	.	..
7. Whooping Cough	5	11	4	1	5	..	..	5	..	.	..	.	.
8. Diphtheria	2	7	2	..	..	1	..	1	1	..	..	.	.
9. Influenza	8	4	..	8	..	..	..	..	1	.	1	.	1
Poliomyelitis	16	1	11	5	1	4	3	8	6	1	1	..	.
12. Other Epidemic Diseases	1	2	..	1	1	..	..	1	..	..	..	..	.
13. Pulmonary Tuberculosis	76	97	43	33	..	..		..	..	15	35	25	1
14. Tbc. Meningitis	5	7	2	3	1	1	2	4	..	1	..	..	
15. Other forms Tbc.	4	7	1	3	1	..	..	1	1	1	1	..	..
16. Cancer, Malignant Tumor	97	92	41	56	..	..	..	..	..	..	15	50	32
17. Simple Meningitis	..	3	..	..	..	..	..	..	..	..	..	..	..
17a. Cerebro-spinal Meningitis	3	1	2	1	1	..	..	1	2	..	..	..	..
18. Apoplexy, Softening of the Brain	16	12	10	6	..		..	..	..	..	..	7	9
19. Organic Heart Diseases	166	153	85	81	..	..	..	..	7	10	20	67	62
20. Acute Bronchitis	7	6	2	5	4	2	1	7	..	..	..	..	
21. Chronic Bronchitis	1	2	1	..					..	..	..	..	1
22. Lobar Pneumonia	27	38	16	11	4	2	1	7	5	4	4	6	1
22a. Broncho Pneumonia	23	33	10	13	6	4	4	14	1	2	1	1	4
23. Other Respiratory Diseases	4	5	2	2	1	..	..	1	..		..	2	1
24. Diseases of the Stomach (Cancer excepted)	7	4	5	2	2	..	..	2	..	..	2	1	2
25. Diarrhoeal Diseases (under 5 years)	64	94	37	27	55	8	1	64	..	..	..	.	.
26. Appendicitis and Typhilitis	12	6	8	4	..	..	..	..	1	1	5	2	3
27. Hernia, Intestinal Obstruction	11	11	4	7	1	..	..	1		..	1	7	2
28. Cirrhosis of Liver	5	4	4	1	..	..	..	..	..	..	3	1	1
29. Bright's Disease and Nephritis	56	90	26	30	1	..	1	2	..	4	8	29	13
30. Diseases of Women (not Cancer)	6	5	..	6	..	..	.	..	..	1	4	1	.
31. Puerperal Septicaemia	4	3	..	4	..	..	..	..	..	3	1	..	
32. Other Puerperal Diseases	13	12	.	13	..	.	..	..	.	2	10	1	.
33. Congenital Debility, and Malformations	67	55	36	31	67	..	..	67	..	.	.		..
34. Old Age	4	6	2	2								1	3
35. Violent Deaths	70	102	53	17	1	2	8	11	14	9	22	8	6
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	
b. Other Accidents	64	72	47	17	1	2	7	10	14	7	19	8	6
c. Homicide	6	30	6	..	..	..	1	1	..	2	3		
36. Suicide	20	15	16	4						2	9	6	3
*37. All other causes	154	192	78	76	28	1	2	31	9	10	18	47	39
38. Ill-defined causes	3	..	3	..		1	..	1	..	..	2	..	

Deaths in Institutions,	431	Mean temperature,	68.9 deg. Fahr
Mean barometer,	29.91	Maximum temperature,	85.0 deg. Fahr
Mean humidity,	64.1	Minimum temperature,	56.0 deg. Fahr
Precipitation,	.70		

†If the deaths under one month, numbering 71 from all causes, be deducted from the total deaths under one year, the resulting rate will be 43 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 5, Diabetes 13, Alcoholism 0, Locomotor Ataxia 0, Paresis 1, Arterio-sclerosis 39, all other congenital causes 17.

35a-2033-21-O

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. OCTOBER 8, 1921. No. 41.

TUBERCULOSIS IN NEW YORK CITY.

New York City, in common with most other large communities in this country, has recently enjoyed a marked reduction both in the morbidity and mortality from tuberculosis. While this disease has been decreasing continuously during the past two decades, this decrease has been much accelerated in the past three years.

The number of new cases of tuberculosis reported in New York City, in 1920, was 14,035, as contrasted with 14,570 new cases reported in 1919. This was a decrease of 535 cases, or 4 per cent, as compared with last year's registration. This decrease was limited to the Boroughs of Manhattan, Bronx, and Brooklyn. In the Borough of Queens, there were 340 more new cases than during the preceding year. This was an increase of 39 per cent. The situation in the Borough of Queens has been a difficult one, because it is the only borough which has stood out as an exception to the general decrease in morbidity and mortality rate from tuberculosis which was noted practically everywhere throughout the country. Upon analysis, it has been found that the Borough of Queens has a larger percentage of so-called "at home" cases than in any other borough, in other words cases which have not been under the care of private physicians or of a tuberculosis clinic for several years; also the number of patients of whom all trace has been lost is greater than in the other boroughs of the city. These facts stand out very conspicuously and will be discussed subsequently in somewhat greater detail.

While, at the beginning of 1920, the number of registered cases of tuberculosis in the City was 30,036, at the end of 1920 there were 27,919 cases so registered, a decrease of 2,117, a little more than 7 per cent. About 15,505 cases, or 55 per cent of all the registered cases, lived in the Borough of Manhattan; 3,490 cases, or about 12 per cent, were residents of the Borough of The Bronx; 7,030, or about 25 per cent, were residents of Brooklyn; 1,576, or about 5½ per cent, were residents of Queens; and the balance, 318 cases, or 2½ per cent, lived in the Borough of Richmond.

The distribution of the 27,919 cases is of great interest. At the end of 1920, 2,299, or 8 per cent of the total, were under the care of the Department's tuberculosis clinics; 1,186, or approximately 4 per cent, were under the care of the ten clinics operated by Bellevue and Allied Hospitals, and other private hospitals in the Borough of Manhattan; 3,193 cases, or 11 per cent of the total registration, were under the care of private physicians in this city; 3,394, or 12 per cent of the cases, were in city hospitals; 5,363, or 19 per cent, were homeless or not found cases; 3,035, or 11 per cent, were living in various country places outside of New York City, or in out-of-town sanatoria; and

Digitized by Google

9,449 cases, or 34 per cent of the total registered, were in the classification known as "at home" cases. These last cases, as already mentioned, are patients who are not under the care of private physicians or of clinics. They constitute one of the most important problems that the Department has to deal with. To a considerable degree, we measure the success of the efforts of the Department nurses, and of those of the non-tuberculosis clinics, by their ability to reduce the number of "at home" cases and to persuade such individuals to place themselves under medical supervision, so that they may not go from bad to worse, and become a burden upon their own families and to the community at large, and increase the mortality of this disease by reason of their neglect to secure treatment. Further, if they can be persuaded to submit to medical examination, the diagnosis of tuberculosis can frequently be ruled out, or they may be shown to have become arrested cases.

The remainder of the total number of registered cases, namely 5,363, or 19 per cent of the total, represent individuals who have moved to new addresses, and of whom all trace has been lost. This group constitutes, possibly, an even greater factor of danger to the community than the at home cases. Taken all in all, only 47 per cent of the registered cases of tuberculosis were under some definite form of medical care. The largest percentage of cases without medical care occurred in the Borough of Queens, namely, 58 per cent. The Borough of Richmond seems, on the surface, to present a very fair record, but this is due, in large part, to the fact that 23 per cent of all the reported cases in the Borough of Richmond were in hospitals. This number includes, to a considerable degree, the cases which reside more or less permanently in special institutions, such as Sailors' Snug Harbor.

In the Borough of Manhattan, there is a total of 17 tuberculosis clinics, seven of them Department Clinics, whereas in the Borough of Brooklyn, which has a population as great as that of the Borough of Manhattan, we have a registration only half as large, with only five regular tuberculosis clinics. Bearing in mind the results of the Framingham demonstration, one may justly conclude that the number of cases of tuberculosis which are registered and discovered in any borough depends entirely upon the number of clinics established in such borough for detecting cases which might otherwise remain unrecognized.

The large number of cases which are designated as homeless or not found, namely 3,627, or 23 per cent of the total of 15,505 registered in the Borough of Manhattan, is due to the fact that we have in this borough the largest lodging house population in the city. These cases, as has been observed in previous reports, are a group which constitutes a grave menace to public health because of their migrating habits, their impoverished social condition, lack of personal care, and their employment in a variety of occupations in which they come in direct contact with others, to a greater or lesser degree.

Allusion has been made to the fact that, at the end of 1920, there remained under the care of the Department's clinics 2,208 cases of tuberculosis. This, however, fails to take into account the volume of work which these 19 clinics performed during the course of the year; it is, so to speak, merely a bookkeeping balance at the end of the year. A total of 14,133 patients came to these clinics for diagnosis during the year. In addition, there were 6,397 patients who discontinued attendance before a diagnosis could be arrived at in the clinics in the preceding year, and who resumed attendance, making a total of 20,530 new admissions for examination and diagnosis.

In addition to this number, there were 2,710 diagnosed cases of tuberculosis which had been carried over from the preceding year, making a grand total of 23,240 patients who attended the clinics of the Department during the year for diagnosis and treatment. Of this number 15,065 were discharged as non-tuberculous; 102 were transferred because they came within the jurisdiction of some of the non-departmental tuberculosis clinics; and 2,965 ceased coming to the clinic before diagnosis or a proper

Digitized by Google

disposition of their cases could be made. Twenty-one of the patients who were under the care of our tuberculosis clinics died during the year. Of the 20,530 new cases which were seen by our clinic, 2,618 were diagnosed as tuberculosis; deducting the 2,965 cases which discontinued attendance at the clinic, it will be seen that the 19 clinics of the Department disposed, definitely, of 20,275 cases. In other words, the number of patients remaining under the clinics, at the end of the year 1920, represents only about 10 per cent of the total number that these clinics served during the year.

We must bear in mind that the clinic renders a very definite service, even when it examines cases which are subsequently found to be non-tuberculous. To ignore the value of the examination of this large army of citizens would be to discount a most important preventive function of the Bureau. To estimate the annual cost per patient one must take into account the total number of cases examined, as well as the total number of visits made by cases of all types to the clinics. There were 75,803 visits made by patients to the tuberculosis clinics. In appraising the activities of these tuberculosis clinics, one should also take into account the fact that the clinic physicians, in addition to caring for all these 75,803 visitors, also rendered service in making 3,517 visits to bed-ridden cases, or to patients who refused to come to our clinics. This volume of work was taken care of by 79 clinic physicians. It may be interesting, too, to note that of the 2,208 cases which remained under our care, 1,014 were adults and 1,194 were children. This is a significant age group distribution and would seem to indicate that the Department is reaching out in increasing measure among the age group for whom preventive work is most needed—namely those under 15 years of age.

The total number of cases of tubercular meningitis reported during the year was 480. These cases present a problem which is of great importance in that they may be due to contact with unrecognized adult cases of tuberculosis, or to other and hitherto unrecognized sources of infection. No definite light has yet been thrown upon this subject by epidemiological studies.

Tuberculosis Social Service Work.

Thousands of patients come annually under the care of the tuberculosis clinics of the Department of Health. Our efforts to diagnose the conditions from which these patients suffer and to place them, as promptly as possible, in appropriate institutions, where they will receive individual care, and at the same time be removed from home environment where their presence is a menace to others, is in itself a very big and indispensable undertaking; but these efforts, along medical lines, important as they are, fail to do justice to the imperative social needs of these thousands of patients and their dependents. If our work was limited to medical service, our patients would suffer many deprivations. Several years ago, it was recognized that the Department could not obtain the comparatively large sums of money necessary to meet certain special and urgent social needs of our patients. Therefore the Society for the Prevention and Relief of Tuberculosis, was organized several years ago, and established three social service auxiliary organizations in connection with Chelsea, Jefferson, and Stuyvesant Clinics, respectively. These auxiliaries undertook to provide money to meet the needs for clothing, food supplies, and many other necessities of the patients and their families who were under the care of these clinics. The work of these auxiliaries has steadily developed, in both the scope and quality of the service which they render. Although these three auxiliaries had made very valuable and substantial contributions to the social needs of our patients at the three clinics with which they were connected, it became apparent, during the year, that their efforts could be further developed and organized so that, within a comparatively short time, everyone of our nineteen tuberculosis clinics, and our two day camps as well, would receive similar aid. The work of the auxiliaries has, therefore, been standardized and

Digitized by Google

is constantly being modified so as to place it on a high scientific plane, and a number of new auxiliaries have been organized in clinics which were heretofore without the benefit of special auxiliaries. As the result of this reorganization, there has been formed a Central Committee which meets monthly under the guidance of the Director of the Bureau of Preventable Diseases. This Central Committee consists of the President of the Society for the Prevention and Relief of Tuberculosis, and the Chairman of each of the auxiliaries which are now in existence in connection with the respective clinics of the Bureau, and also representatives of each of the important relief organizations operating in the City of New York. This has resulted in bringing to our aid the experience and knowledge of a number of persons who are intimately familiar with the various phases of the problems of relief. The Central Committee deliberates upon the various problems that arise in the lives of our tuberculous patients, and which call urgently for sane, constructive, and humane treatment. The decision which is arrived at with reference to the method of meeting such problems becomes binding upon each and every auxiliary. In other words, it makes for uniformity of method, so far as that is practicable, in dealing with problems, and eliminates bizarre individual or peculiar methods of handling relief problems. Also, because of the presence of the representatives of the various relief organizations, we are able to determine just what degree of responsibility each organization can and ought to assume in giving aid in any individual instance, or in a group of cases. It prevents duplication of work. It also puts the Department in the position of dealing on the most friendly and constructive basis with the various relief organizations, directly, and will, undoubtedly, have a tendency to heighten the pride which each relief organization takes in meeting the needs which may exist in any given case. It is reasonable to expect this spirit to animate the work, because the defects, as well as the virtues of the service rendered by each and all of the organizations participating in this Committee, are reviewed publicly in a friendly and co-operative spirit. It is no exaggeration to say that the present plan of the organization of the auxiliaries and relief organizations, which brings them into intimate contact with this Bureau, will greatly enhance the value of the services which each agency is rendering to the tuberculous poor of this city. Knowing thousands of instances in which patients have been helped by the auxiliaries and the relief organizations to obtain various necessities of life, which the patients and their families would otherwise have been deprived of, the Bureau of Preventable Diseases cannot help but feel that these facts should be made known to the citizens of New York generally, that they may appreciate that the Department of Health is not working as a mere automatic machine to turn out a statistical array of figures relating to diagnoses that have been made, and of the number of bottles of medicine which have been doled out, and similar purely medical or administrative functions.

The auxiliaries do not, however, confine themselves to the mere distribution of relief to those in need, but enable us to organize an educational program for the prevention of tuberculosis among children who are exposed to tuberculosis at home, as well as those who are undernourished or present evidence of a tendency toward tuberculosis.

REGULATION OF MIDWIVES IN NEW YORK CITY.

In order to acquaint midwives with the recent amendments to the Sanitary Code, and the rules governing their practice in New York City, with special reference to advertising in newspapers, or offering to receive and care for pregnant women in their homes, and, particularly, with reference to the limitation of their practice to cases of normal labor, copies of the attached form have been forwarded to the respective Boroughs with instructions that inspectors and nurses assigned to this service deliver one to each licensed midwife, explain the meaning of the

Digitized by Google

amendments to them, and secure acknowledgment of the receipt of the said instructions.

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF CHILD HYGIENE
505 PEARL STREET

To Midwife .....
Address .....
Permit No. .....

Your attention is herewith called to an amendment to Section 220 of the Sanitary Code relating to the practice of midwifery and to an amendment to Regulation F. of the regulations governing the practice of midwifery as follows:

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said City on the 24th day of March, 1921, the following resolution was adopted:

RESOLVED, That Section 220 of the Sanitary Code be amended to read as follows:

Section 220.—Hospitals—permit required; exception.—No person, persons, or corporation, other than those specially authorized by law, shall conduct or maintain any public or private hospital or institution wherein human beings may be treated or cared for by a physician or midwife, and no person, persons, or corporation, other than those specifically authorized by law, shall conduct a lying-in hospital, home or place for the care of pregnant women or advertise, offer, or undertake to receive or care for those at such place, or at his or her home, without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms of said permit and with the Regulations of said Board.

REGULATION F.—Cases in which midwives may practice.—A duly licensed and registered midwife may practice midwifery in cases of normal labor, and in no others. No midwife is permitted to attend any woman in labor until the seventh month of utero-gestation has passed. No midwife shall, in any case of labor, use instruments of any kind nor assist labor by any artificial, forcible or mechanical means, nor perform version nor attempt to remove adherent placentae nor administer, prescribe, advise, or employ any poisonous or dangerous drug, herb or medicine, nor attempt the treatment of diseases. (As amended by the Board of Health, May 26, 1921.)

You are hereby instructed to affix these amendments to the copy of your booklet entitled "Regulations Governing the Practice of Midwifery in the City of New York."

S. JOSEPHINE BAKER, M. D.,
Director, Bureau of Child Hygiene.

I ....., midwife, residing at .....
and holding permit No. .....herewith acknowledge the receipt of a copy of amendment to Section 220 of the Sanitary Code and amendment to Regulation F. governing the practice of midwifery by licensed midwives in New York City.

Signed .....

MORTALITY BULLETIN FOR THE WEEK ENDING OCTOBER 1st, 1921.

The death rate of the city during the past week was 9.47 as compared with 9.71 during the comparable week of 1920. The total number of deaths reported was 1,044. The one outstanding feature of the mortality report of the week was the further increase in the deaths from poliomyelitis, 20 fatalities having been reported during the week as compared with 16 during the previous week and 3 during the corresponding period of last year.

There has been a steady trend in the mortality of poliomyelitis for the past several weeks but at no time has the prevalence of the disease assumed alarming proportions, and with the approach of the cold weather, this miniature epidemic should rapidly die out.

The other acute infectious diseases show a decrease in their mortality as compared with last year, one death from scarlet fever having been reported during the last week as compared with 4 during the week ending October 2nd, 1920; diphtheria and whooping cough caused 6 and 7 deaths respectively during the past week as compared with 8 and 12 deaths during the comparable week of 1920.

No deaths were reported from typhoid during the week just closed, whereas 8 were reported during the corresponding week of last year.

Fifty-five deaths were reported during the past week from violence, almost half of these resulted from automobile accidents. 24 deaths being reported from this cause. Ten persons died as a result of falls, 12 deaths occurred from burns, gas poisonings, drowning and firearm accidents.

The death rate for the first forty weeks of 1921 was 11.34. During the comparable period of 1920 the rate was 13.60. The infant death rate for the expired period of 1921 was 75, as compared with 90 for the first forty weeks of 1920. If this infant mortality rate continues during the remainder of the year it will be the lowest infant mortality rate in the history of the city.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 506 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CARBON MONOXID.—U. S. Public Health Service. Carbon monoxid poisoning in closed garages. (U. S. Public Health Service. Public Health Reports, Sept. 9, 1921. pp. 2215-2219.)

CHILD WELFARE.—Lundberg, E. O. Legislative gains for child protection. (Survey, Sept. 24, 1921. pp. 708-709.)

DRUG ADDICTION.—Bryce, P. H. Relations of society to the drug habit. (Am. J. Pub. Health, Sept., 1921. pp. 812-815.)

HEALTH CENTERS.—Widdemer, Kenneth. Harlem's new health center. (Survey, Sept. 16, 1921. p. 685.)

INDUSTRIAL MEDICINE.—Collis, E. L., and Kenneth Goadby. Importance of industrial medicine to the community. (Lancet, Sept. 3, 1921. pp. 487-491, tables.)

MENTAL HYGIENE.—Laird, D. A. What the state demands of its sentinels of mental health. (Med. Rec., Sept. 17, 1921. pp. 500-504.)

PENSIONS.—James, Gorton. Baby annuities; a scheme to replace industrial pensions. (Survey, Sept. 24, 1921. pp. 705-707, charts.)

SCHOOL HYGIENE.—Leck, Harriet. The open-air school. (Michigan Health Dept. Public Health, August, 1921. pp. 275-278.)

SEWAGE.—Watson, J. D. Utilization of sewage sludge. (Royal Sanitary Institute Jour., Sept., 1921. pp. 90-96.)

SMOKE PREVENTION.—Owens, J. S. Smoke abatement. (Royal Sanitary Institute Jour., Sept., 1921. pp. 44-51, tables.)

SOCIAL SERVICE.—McGarvah, E. Social work by a health department. (Hospital Social Service, August, 1921. pp. 67-72.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	July 9	July 16	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	24	Oct. 1
Total deaths	1069	1041	984	1225	1107	1043	1086	1056	1124	1059	967	959	1044
Annual Death Rate	9.70	9.44	8.93	11.12	10.04	9.46	9.85	9.58	10 20	9.61	8.77	8.70	9.47
*Acute Infectious Diseases	38	30	29	42	21	22	31	21	23	24	16	17	16
Pul. Tuberculosis..	95	74	94	98	67	67	108	96	94	88	91	76	89
Influenza	1	1	3	1	3	1	1	..	3	1	3	3	5
Lobar Pneumonia.	38	27	12	16	24	28	21	22	38	34	18	27	35
Broncho Pneum...	22	38	25	37	36	38	26	26	46	36	35	23	30
**Violent Deaths ...	75	95	79	79	93	70	64	77	71	87	69	70	65
Deaths under 1 year.	158	186	181	247	228	210	*216	199	210	177	151	180	187
Rates per 1,000 births	62.3	73.4	71.4	97.4	89 9	82.7	85.0	78.4	82 5	69.6	59.2	70.6	73.8
Deaths under 5 years	240	246	245	323	315	280	289	262	283	248	216	229	242
" 5-65 years ..	608	575	553	653	566	547	584	566	603	606	546	546	576
" 65 years and over	221	220	186	249	226	216	213	228	238	205	205	184	227

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	201	291	241	215	200	244	198	265	232	190	302	287	278
Diphtheria	169	164	186	129	100	115	102	77	99	116	111	109	121
Measles	188	108	82	77	79	59	68	26	47	40	29	25	21
Scarlet Fever	67	47	40	30	28	33	40	35	30	36	46	54	69
Chickenpox	118	56	43	17	9	14	13	7	8	3	18	16	15
Influenza	2	4	4	11	8	17	6	2	5	4	11	4	14
Pneumonias	104	138	166	191	164	120	135	98	142	127	148	131	191
Typhoid Fever	26	25	21	33	17	28	41	66	70	53	70	56	39
Whooping Cough ...	112	169	149	123	120	135	102	105	126	78	108	84	104
Syphilis	251	465	200	185	191	239	237	222	230	219	444	355	355
Gonorrhoea	89	226	109	104	40	65	111	86	55	155	223	104	131
Poliomyelitis	4	6	12	13	23	24	10	22	39	26	61	69	65
Cerebro-spinal Meningitis	6	4	8	2	4	7	11	8	4	4	9	4	8
Total	1282	1703	1211	1185	988	1100	1074	1019	1087	1051	1590	1298	14 45

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1044	1,054	530	514	187	29	26	242	57	52	183	288	227
1. Typhoid Fever	..	8	..	..	..	..	..	..	..	..	..	..	
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	
5. Measles	..	..	..	..	..	..	..	..	..	..	..	..	
6. Scarlet Fever	1	4	..	1	..	..	1	1	..	..	..	..	
7. Whooping Cough	7	12	2	5	5	2	..	7	..	..	..	.	..
8. Diphtheria	6	8	2	4	..	1	3	4	2	..	..		
9. Influenza	5	3	4	1	..	..	..	..	1	1	1	1	1
Poliomyelitis	20	3	13	7	1	6	2	9	8	1	2	..	
12. Other Epidemic Diseases	2	2	2	..	1	..	1	2	..	.	..	..	.
13. Pulmonary Tuberculosis	80	81	44	36	..	..		..	1	19	39	17	4
14. Tbc. Meningitis	6	7	4	2	2	1	1	4	1	..	1	..	
15. Other forms Tbc.	9	10	7	2	..	..	..	..	1	1	7	..	..
16. Cancer, Malignant Tumor	107	100	42	65	1	..	..	1	..	1	18	58	29
17. Simple Meningitis	1	5	1	..	..	..	..	..	..	..	..	..	1
17a. Cerebro-spinal Meningitis	2	1	2	..	..	..	1	1	..	..	1	..	..
18. Apoplexy, Softening of the Brain	20	10	10	10	..		..	..	..	..	2	11	7
19. Organic Heart Diseases	189	198	82	107	..	..	1	1	6	8	27	69	78
20. Acute Bronchitis	8	6	7	1	6	..		6	..	..	..	..	2
21. Chronic Bronchitis	1	2	..	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	35	43	22	13	3	2	2	7	2	2	8	10	6
22a. Broncho Pneumonia	30	36	13	17	15	5	1	21	1	..	1	3	4
23. Other Respiratory Diseases	4	6	2	2	..	..		..	..	..	1	2	1
24. Diseases of the Stomach (Cancer excepted)	10	4	6	4	1	..	..	1	..	1	2	3	3
25. Diarrhoeal Diseases (under 5 years)	65	68	32	33	50	12	3	65	..	..	..	..	.
26. Appendicitis and Typhilitis	16	10	11	5	..	..	..	..	5	..	4	5	2
27. Hernia, Intestinal Obstruction	4	8	3	1	1	..	..	1		..	1	1	1
28. Cirrhosis of Liver	3	2	3	..	..	..	..	..	..	..	..	2	1
29. Bright's Disease and Nephritis	61	70	16	45	..	..	..	..	..	1	8	23	29
30. Diseases of Women (not Cancer)	5	6	..	5	..	..	.	..	..	.	2	3	
31. Puerperal Septicaemia	..	1	..	..	..	..	..	..	..	..	..	..	
32. Other Puerperal Diseases	11	7	.	11	..		..			4	7	..	
33. Congenital Debility, and Malformations	77	55	43	34	77	..	..	77	..				..
34. Old Age	1	4	..	1				..	..			..	1
35. Violent Deaths	65	74	47	18	2	..	5	7	14	7	18	12	
a. Sunstroke		..	..	..	..	..	..		..	..	..	..	..
b. Other Accidents	55	65	39	16	1	..	5	6	13	5	13	11	7
c. Homicide	10	9	8	2	1	..	..	1	1	2	5	1	..
36. Suicide	15	9	12	3	..		..	..			3	8	4
*37. All other causes	178	195	94	79	22	..	4	26	14	4	30	54	45
38. Ill-defined causes	5	1	4	1	..	..	1	1	1	2	..	1	

Deaths in Institutions,	449	Mean temperature,	68.7 deg. Fahr.
Mean barometer,	29.82	Maximum temperature,	87.0 deg. Fahr.
Mean humidity,	68.1	Minimum temperature,	52.0 deg. Fahr.
Precipitation,	1.43		

†If the deaths under one month, numbering 68 from all causes, be deducted from the total deaths under one year, the resulting rate will be 39 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 3, Diabetes 28, Alcoholism 3, Locomotor Ataxia 0, Paresis 6, Arterio-sclerosis 48, all other congenital causes 13.

95a-3000-B1-O

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. OCTOBER 15, 1921. No. 42.

MORTALITY OF THE CITY OF NEW YORK DURING THE YEAR 1920 COMPARED WITH THAT OF ALL LARGE CITIES OF EUROPE.

A review of the statistics given in the subjoined table shows that, of those considered, the city with the highest death rate is Florence, Italy, with a rate of 20.48 per 1,000 of the population, as compared with a rate of 11.07 for the city of Amsterdam, Holland, with a population of more than two and one half times that of Florence; the high rate being due to an excessive mortality from pulmonary tuberculosis, cancer and the acute respiratory diseases. The second highest rate in the table is that of Vienna, 18.56, due to the exceedingly high rate from pulmonary tuberculosis and, especially, the high death rate among infants under one year of age. Liverpool, England, comes next, with a rate of 16.44; then Berlin, with 16.04. The German cities, with the exception of Berlin, show comparatively low mortality rates; that of Hamburg being 13.83; Düsseldorf, 13.20; Koln, 14.11; Leipzig, 14.17. The English cities of Birmingham, Bradford, and Manchester show low death rates of, respectively, 12.54, 13.31, and 12.99. Paris shows the rather high rate of 14.83. New York and London show rates approximating each other closely, these being, respectively, 12.93 and 12.65.

Typhoid Fever.

In Florence, Italy, 22 out of every 100,000 of the population died from this cause. Amsterdam is second, with a rate of 10; Paris third, with a rate of 5; Hamburg shows a rate of 4, and Glasgow, 3. The other cities in the table have exceedingly low rates of either 1 or 2 per 100,000. Birmingham, England, and Düsseldorf, Germany, had no deaths reported from this cause.

Measles.

Liverpool heads the list with a death rate of 49 per 100,000 of the population; then follow, in order, Glasgow, 28; Manchester, 27; London, 22; Amsterdam and Vienna, 17 each; Koln and Birmingham, 16. The death rate for New York City was 13.

Scarlet Fever.

The English cities showed comparatively high rates—Birmingham, a rate of 12 per 100,000; Liverpool, 9 per 100,000. London and Vienna showed rates of 5 each; New York, 4, and Paris, 3.

Whooping Cough.

Liverpool heads the list with a death rate of 29 per 100,000; closely followed by the city of Koln, with a rate of 26; Birmingham, with a rate of 20, and London, with

Digitized by Google

COMPARATIVE MORTALITY, FOREIGN CITIES AND CITY OF NEW YORK—YEAR 1890.

Cities	Estimated Population	Total Deaths	Death Rate Per 1,000 Pop.	Total Births	Birth Rate Per 1,000 Pop.	Death Rate per 100,000 Population													Death Rate Under One Year Per 1,000 Births
						Typhoid Fever	Measles	Scarlet Fever	Whooping Cough	Diphtheria and Croup	Influenza	Pulmonary Tuberculosis	Other Tuberculous Diseases	Cancer and Sarcoma	Epidemic Cerebro-spinal Meningitis	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	
Amsterdam	650758	7206	11.07	15151	23.28	10	17	1	8	5	51	125	31	131	2	17	60	44	47
Berlin	1931330	30982	16.04	33469	17.33	2	6	3	11	12	48	148	29	137	1	18	20	41	158
Birmingham	910000	11409	12.54	25069	27.55	..	16	12	20	22	46	93	17	111	2	117	49	62	83
Bradford	263979	3914	13.31	6033	20.52	2	3	4	9	9	22	88	19	123	4	119	42	26	93
Dusseldorf	114900	5479	13.20	8884	21.41	..	8	2	15	10	80	136	36	85	..	19	134	†	133
Edinburgh	336923	4442	13.18	7774	23.07	1	12	4	3	19	6	85	39	140	2	88	58	45	89
Florence	248587	5091	20.48	5195	20.90	22	*	*	6	5	113	218	80	168	1	43	181	201	94
Glasgow	1098568	16765	15.26	32626	29.70	3	28	5	13	15	4	106	43	113	5	120	105	106	107
Hamburg	1011000	13986	13.83	20105	19.89	4	5	4	9	13	116	124	28	123	1	39	140	†	151
Koln	656617	9266	14.11	16852	25.62	*	16	2	26	17	52	146	43	109	2	28	69	89	137
Leipzig	621351	8807	14.17	15403	21.57	**	10	3	11	9	90	150	29	131	2	19	107	†	134
Liverpool	781048	12852	16.44	25039	32.03	1	49	9	29	24	24	141	32	108	2	181	108	127	113
London (County of)	4531971	57232	12.65	120529	26.60	1	22	5	17	23	30	106	21	123	2	127	28	62	76
Manchester	780293	10214	12.90	19138	24.34	2	27	6	11	9	29	110	28	119	1	152	34	66	97
Paris	2005248	43082	14.83	55813	19.21	5	11	3	10	8	24	227	52	128	2	24	47	24	98
Vienna	1842005	34197	18.56	27821	15.10	**	17	5	10	7	61	307	98	131	1	24	167	†	152
New York	5063980	73249	12.93	132856	23.45	2	13	4	11	18	62	199	17	94	2	14	92	86	85

*Less than 1.
**Not reported separately.
†Pneumonias combined.

Digitized by Google

a rate of 17. The City of New York showed a rate of 11, as compared with a rate of 10, in Paris; and 10 in Vienna.

Diphtheria and Croup.

Liverpool is highest, with a rate of 24; London has a rate of 23; Birmingham, a rate of 22; New York, a rate of 18. Some of the cities in the table show a remarkably low mortality from this cause, such as Amsterdam and Florence, with rates of 5; Vienna, 7; Paris, 8; and Manchester, Leipzig, and Bradford, 9.

Influenza.

In comparing the rates from influenza, it is advisable to take into consideration the rates from the acute respiratory diseases, owing to the difference in the statistical methods of various cities. Consequently, in discussing influenza, we have grouped the deaths from this cause with those from the pneumonias and acute bronchitis, with the following result: Florence shows a very high mortality from these causes combined, 538 out of every 100,000 having died during the year 1920. Liverpool, partly by reason of influenza, and partly by a prevalence of a comparatively severe epidemic of measles, showed the excessive mortality of 440. Glasgow, for similar reasons, showed the high rate of 335. Hamburg had a rate of 295; Manchester, 281; Birmingham, 274; New York, 254; Vienna, 252, and London, 227. Paris had the lowest rate from these causes, that of 119, which was slightly below that of Berlin, 127.

Pulmonary Tuberculosis.

Vienna shows the highest rate, 307 per 100,000 of the population, almost three times that of New York City. Paris shows the high rate of 227, and right on its heels comes Florence, with a rate of 218. All the other cities in the table show rates below 150; the lowest being Edinburgh, with a rate of 85; Bradford, a rate of 88; Birmingham, a rate of 93. London and Glasgow showed rates of 106; New York City, 109, and Manchester, 110. The German cities were considerably above New York, with rates as follows: Leipzig, 150; Berlin, 148; Koln, 146; Düsseldorf, 136, and Hamburg, 124.

Cancer and Sarcoma.

Florence shows the high rate of 168 per 100,000, which is excessively high compared even with the next lowest rate, that of Edinburgh, 140. Düsseldorf had the lowest rate, 85. New York City was next with 94. London had a rate of 123; Berlin, one of 137; Amsterdam and Leipzig, 131. Paris shows a rate of 128.

Death Rate of Infants Under One Year of Age.

Amsterdam shows the exceedingly low rate of 47 per 1,000 infants born. This rate is so low that it seems as if all the deaths of infants under one year of age were not reported. This is corroborated by the fact that, in 1918, out of 13,681 children born alive, only 235 were reported as dying at less than one month of age. This would give a rate per 1,000 live births of 17. In New York City the rate under one month of age per 1,000 live births was 34, double that of Amsterdam; the percentage of deaths under one month of age, of the total number of deaths under one year in Amsterdam in 1918, was 25; in New York City the corresponding percentage was 42. This is, therefore, evidence that the low rate of 47 per 1,000 births in Amsterdam, in 1920, can be taken out of consideration in making comparisons, as it would be unfair, under the circumstances, to compare the death rate under one year of age in the City of Amsterdam with the rates of those cities, especially the American and English cities, in which the total number of deaths under one year of age include the deaths of all children who have breathed, if only for a moment. Paris, France, should also be excluded from consideration as those infants who died under three days of age are not included in the tables of mortality.

Eliminating Amsterdam and Paris from the discussion, it is evident from the table that the county of London shows the lowest death rate of all the other cities, with a rate of 76 deaths under one year of age, out of 1,000 births; Birmingham being second,

Digitized by Google

with a rate of 83; and New York third, with a rate of 85. Edinburgh follows with a rate of 89; Bradford, 93; Florence, 94; Manchester, 97. Berlin has the exceedingly high rate of 158, slightly more than double that of London. Vienna is a close second, with a rate of 152. The German show higher rates than the English cities: Hamburg had a rate of 151; Koln, 137; Leipzig, 134; Düsseldorf, 133, as compared with the low rates of 83, for Birmingham; 93, for Bradford; 97, for Manchester, and 113, for Liverpool.

HEALTH FORTNIGHT TO MARK SEMI-CENTENNIAL OF AMERICAN PUBLIC HEALTH ASSOCIATION.

The fiftieth annual meeting of the American Public Health Association will be the occasion of a Health Fortnight. From November 8-19, New York City will be the scene of activities, connected with this event, and the publicity with its slogan "Health First" will stimulate interest throughout the country.

Health Fortnight will include three major divisions—a Health Institute from November 8-11; a Health Exposition, November 14-19; the Fiftieth Annual Meeting of the American Public Health Association, November 14-19. Representatives from virtually every State in the Union and from many foreign countries will participate in the extensive programme.

To focus the attention of the general public upon this celebration, November 13 will be observed as Health Sunday in many churches. Health Day will also be observed in the synagogues and in numerous business and social organizations. Speakers prepared to talk authoritatively on health topics will be furnished on request to any of these organizations. The New York County Chapter of the American Red Cross is co-operating with the general committee in the arrangement for this service.

The Public Health Exposition will undoubtedly make the widest appeal to the lay public. It will be the largest affair of its kind ever held in New York City. It will be conducted under the joint auspices of the Department of Health of the City of New York and the American Public Health Association. Already allotments of space indicate that at least two entire floors of the Grand Central Palace will be occupied by exhibitors. The exhibits will include those of educational and philanthropic organizations and those of commercial houses producing approved articles of health value.

Every legitimate means will be utilized to promote attendance at the Exposition, for this will be the most effective way in which the message of Health Fortnight may be brought to the public. The fact that a similar health exposition held in Chicago a year ago drew an attendance of over one hundred thousand indicates the extent to which this form of popular education may be carried. Naturally, in New York with its larger population, a proportionately greater attendance is expected at the Exposition. The profits from the sale of tickets, after the cost of the Exposition and the Convention are defrayed, will be devoted to establishing nutritional clinics for the benefit of undernourished children. In this connection, Dr. Royal S. Copeland, Health Commissioner of the City of New York, will present a series of educational exhibits in which instruction in the feeding of children will be featured. Dr. Copeland is Chairman of the Exposition; A. W. Hedrich, of the American Public Health Association is Secretary, and Dr. C. E. North, Treasurer and General Manager.

The Health Institute from November 8-11, will present to visitors to the Convention an opportunity to see the operations of established methods applied to various phases of public health work. About forty demonstrations have been planned. The thoroughness of the program may be gathered from the fact that the Institute is sponsored by the American Health Association, the Health Department of the City of New York, the New York State Department of Health, the U. S. Public Health Service, the National Health Council, and the Committee on Public Health of the New York Acad-

Digitized by Google

emy of Medicine, with the co-operation of approximately one hundred other organizations. The chairman of the committee in charge is Dr. W. A. Evans. The Director of the Institute is Dr. D. B. Armstrong of the National Health Council.

Following the week of the Institute and the observance of Health Sunday, will come the opening of the scientific sessions, the meetings of the American Public Health Association in celebration of its semi-centennial. The sessions will begin on November 14th and the headquarters will be at the Hotel Astor, Broadway and 44th Street.

The scope of the meetings is indicated by their division into the following: General Sessions, Public Health Administration, Child Hygiene, Public Health Publicity and Education, Laboratory Section, Vital Statistics Section, Industrial Hygiene Section, and Food and Drug Section. Speakers before these sections will include health workers of world-wide repute.

It is almost unprecedented to find an organization celebrating its semi-centennial, while its founder is on the verge of marking his own centennial. This is the case, however, with the American Public Health Association, for its founder, Dr. Stephen Smith, although in his 99th year, is still active and will participate in the meeting. A banquet will be held in Dr. Smith's honor as a part of the semi-centennial celebration.

As a permanent souvenir of the semi-centennial and as a record of the work accomplished, a Jubilee Historical Volume entitled "Fifty Years of Public Health" will be ready for distribution during Health Fortnight. Although, as the title indicates, the book concentrates on progress made in the last half century, it also traces the public health movement from its early beginning Further information regarding the semi-centennial may be obtained from the American Public Health Association, 370 Seventh Avenue, New York City.

MORTALITY BULLETIN FOR THE WEEK ENDING OCTOBER 8, 1921.

The outstanding feature of the mortality of the city for the past week was the decrease in the number of deaths from poliomyelitis. During the past several weeks the death rate from this disease had risen steadily until during the week ending October 1st, 1921, 20 deaths were reported from this cause. During the past week but 8 deaths were reported. Apparently the psuedo-epidemic has almost disappeared.

The mortality of the acute infectious diseases was lower during the past week than during the corresponding week of last year.

	1921	1920
Measles	0	3
Scarlet Fever	0	2
Diphtheria and Croup	4	9
Whooping Cough	7	8

Also the mortality of the following diseases was lower during the past week than during the comparable week of 1920: Diarrhoeal diseases, other digestive diseases, Bright's disease, bronchitis, broncho-pneumonia, pulmonary tuberculosis and other tuberculous diseases. The mortality of cancer, heart diseases, and lobar-pneumonia was slightly in excess of the mortality from these causes registered during the same week of 1920.

The total number of deaths reported during the week was 996 as compared with 1,006 during the week ending October 9th, 1920. The respective death rates for the two weeks under comparison were 9.04 and 9.27.

The crude death rate for the first forty-one weeks of this year was 11.30. During the comparable period of 1920 the rate was 13.51. The infant death rate for the expired period of this year was 75 as compared with 89 during the corresponding period of last year.

The total number of accidental deaths during the past week was 57. Of this number 17 were caused by automobiles, 2 by other street vehicles and 13 by falls.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ACCIDENTS.—Hewes, Amy, and others. Study of accident records in a textile mill. (J. Ind. Hyg., Oct., 1921. pp. 187-196, tables.)

CARBON MONOXID.—Haggard, H. W., and Yandell Henderson. Treatment of carbon monoxid poisoning. (A. M. A. Jour., Oct. 1, 1921. pp. 1065-1068.)

CHILD LABOR.—Standards for child workers. (Nation's Health, Sept., 1921. pp. 521-522.)

COMFORT STATIONS.—King, F. R. Public comfort stations in Wisconsin. (Nation's Health, Sept., 1921. pp. 23 adv.—28 adv., illus.)

DRUG THERAPY.—Rowntree, L. G. The role and development of drug therapy. (A. M. A. Jour., Oct., 1921. pp. 1061-1065.)

ENCEPHALITIS.—Gardner, H. W. The natural history of encephalitis lethargica. (Lancet, Sept. 10, 1921. pp. 584-585.)

FATIGUE.—Gilbreth, F. B. Practical methods of fatigue elimination. (Nation's Health, Sept., 1921. pp. 523-525.)

HEALTH CENTERS. — Rose, Elizabeth. Health centers as seen by a public health nurse. (Am. J. Pub. Health, Oct., 1921. pp. 915-917.)

MOTOR VEHICLES.—N. Y. City. Health Dept. of. Automobile hazards, by S. Dana Hubbard. 1921. 55 p. (Keep Well leaflet No. 20.) H34.31k

N. Y. CITY HEALTH DEPT.—Monaghan, F. J. An historical review of Health Department activities. 1921. pp. 190-200. VF

SCHOOL HYGIENE.—Laird, A. J. School dentistry in England. (Public Health [London], Sept., 1921. pp. 227-233.)

VIVISECTION.—N. Y. City. Health Dept. of. How the control of the preventable diseases is aided through animal experimentation, by S. Dana Hubbard. 1921. 41 p. (Keep Well leaflet No. 21.) H34.31 k

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	July 16	July 23	July 30	Aug. 6	Aug. 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8
Total deaths	1041	984	1225	1107	1043	1086	1056	1124	1059	967	959	1044	996
Annual Death Rate	9.44	8.93	11.12	10.04	9.46	9.85	9.58	10.20	9.61	8.77	8.70	9.47	9.04
*Acute Infectious Diseases	30	29	42	21	22	31	21	23	24	16	17	16	16
Pul. Tuberculosis	74	94	93	67	67	103	96	94	88	91	76	80	75
Influenza	1	3	1	3	1	1	..	3	1	3	3	5	4
Lobar Pneumonia	27	12	16	24	23	21	22	38	34	18	27	35	37
Broncho Pneum.	38	25	37	36	38	26	26	46	36	35	23	30	22
**Violent Deaths	95	79	79	93	70	64	77	71	87	69	70	65	60
Deaths under 1 year.	186	181	247	228	210	216	199	210	177	151	180	187	159
Rates per 1,000 births	78.4	71.4	97.4	89.9	82.7	85.0	78.4	82.5	69.6	59.2	70.6	73.3	62.3
Deaths under 5 years	246	245	323	315	280	289	262	288	248	216	229	242	211
" 5-65 years	575	553	653	566	547	584	566	603	606	546	546	575	568
" 65 years and over	220	186	249	226	216	218	228	238	205	205	184	227	217

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	291	241	215	200	244	198	265	232	190	302	287	278	174
Diphtheria	164	136	129	100	115	102	77	99	116	111	109	121	132
Measles	108	82	77	79	59	68	26	47	40	29	25	21	33
Scarlet Fever	47	40	30	28	33	40	35	30	36	46	54	69	52
Chickenpox	56	43	17	9	14	13	7	8	8	18	16	15	16
Influenza	4	4	11	8	17	6	2	5	4	11	4	14	20
Pneumonias	138	166	191	164	120	135	98	142	127	148	131	191	142
Typhoid Fever	25	21	33	17	28	41	66	70	53	70	56	33	24
Whooping Cough	169	149	128	120	185	102	105	126	78	108	84	104	70
Syphilis	465	200	185	191	239	237	222	230	219	444	355	355	289
Gonorrhoea	226	109	104	40	65	111	86	55	155	233	104	181	137
Poliomyelitis	6	12	18	23	24	10	22	39	26	61	69	55	38
Cerebro-spinal Meningitis	4	8	2	4	7	11	8	4	4	9	4	8	2
Total	1703	1211	1135	983	1100	1074	1019	1087	1051	1590	1298	1445	1129

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 8, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	467	447	424	1000	748	47	10 68	10.24	9.72
The Bronx	732,016	778,528	99	109	103	306	170	19	6.91	7.30	6 90
Brooklyn	2,022,262	2,077,674	324	330	351	918	824	41	8.29	8.29	8.81
Queens	466,811	497,627	92	84	91	190	31	10	10.08	8.81	9.54
Richmond	115,959	121,252	24	26	27	55	14	1	10.60	11.19	11.62
Total	5,621,151	5,751,859	1006	996	996	2469	1287	118	9.27	9.04	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-one weeks of this year there were 51,033 deaths, a rate of 11.30 per 1,000 population. During the corresponding weeks of last year there were 60,081 deaths, a rate of 13.51 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	6	29	..	2	1	16	12	20	20	5	3	21	76	95	264	88
The Bronx	..	16	..	..	..	..	4	2	2	2	..	8	14	17	67	25
Brooklyn	4	22	1	4	2	18	10	26	26	1	..	14	55	83	167	80
Queens	..	5	..	..	..	2	1	3	3	4	..	9	10	12	52	20
Richmond	1	3	..	..	..	1	1	1	1	..	..	5	4	4	18	4
Total	11	75	1	6	3	37	28	52	52	12	3	57	159	211	568	217

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	68	63.1	16	14 8	10	7	84	19 1	19	4.3	4	.9
The Bronx	16	55 0	2	6.9	1	1	22	13.7	2	1.2	..	..
Brooklyn	59	62.3	21	22.2	3	17	85	19.0	27	6.0	3	.7
Queens	12	66 2	3	16.5	..	3	16	15.1	3	2 8	..	.
Richmond	4	74.8	1	18.7	..	1	4	16.8	1	4 2		..
City of New York.	159	62.3	43	16.9	14	29	211	17 9	52	4.4	7	.6

During the first forty-one weeks of this year 7,801 infants died, a rate of 75 per 1,000 births. During the corresponding weeks of last year 9,400 died, a rate of 89. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 10-1-'21.	37	53	5	42	10	27	1	30	1	4	..	3	..	..	..	30	..	529	103	875
Admitted	5	13		6	2	7	..	4	1	..	..	3	..	..	..	1	..	17	3	62
Discharged	10	14	1	11	3	5	1	5	..	1	..	2	..	..	..	4	..	15	4	76
Died	..	..	..	4	..	2	..	1	..		..	..	..	..	..	..	..	..		7
Rem'g 10-8-'21.	32	52	4	33	9	27	..	28	2	3	..	4	..	..	..	27	..	531	102	854
Total treated	42	66	5	48	12	34	1	34	2	4	..	6	..	..	..	31	..	546	106	937

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	996	1,006	516	480	159	28	24	211	42	57	195	274	217
1. Typhoid Fever	4	3	4	..		..	..	..	1	1	1	1	.
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	..	3	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever	..	2	..	..	..	..	..	..	..	..	..	..	..
7. Whooping Cough	7	8	3	4	2	2	1	5	2	..	..		..
8. Diphtheria	4	9	3	1	..	..	2	2	2	..	..		..
9. Influenza	6	3	3	3	1	1	..	2	1	..	..	2	1
Poliomyelitis	8	6	3	5	..	2	2	4	4	..	..	..	..
12. Other Epidemic Diseases	3	1	2	1	..		..	..	..	1	1	1	..
13. Pulmonary Tuberculosis	75	99	50	25	..	..		..	..	16	39	19	1
14. Tbc. Meningitis	6	3	2	4	..	2	1	3	2	..	..	1	..
15. Other forms Tbc.	6	5	3	3	1	..	1	2	..	2	1	1	..
16. Cancer, Malignant Tumor	109	99	42	67	..	1	1	2	1	1	19	58	28
17. Simple Meningitis	2	3	..	2	1	..	..	1	..	..	1	..	..
17a. Cerebro-spinal Meningitis	1	..	1	..	1	..	..	1	..	..	..	..	.
18. Apoplexy, Softening of the Brain	12	11	4	8	..		..	..	..	..	2	4	6
19. Organic Heart Diseases	177	160	68	109	..	..	..	..	3	5	25	61	73
20. Acute Bronchitis	3	10	1	2	1	1		2	1	..	..	..	..
21. Chronic Bronchitis	2	3	2	..	..	..	..		..	..	..	2	..
22. Lobar Pneumonia	37	29	24	13	3	5	..	8	3	1	11	10	4
22a. Broncho Pneumonia	28	41	12	16	11	4	3	18	2	..	3	2	1
23. Other Respiratory Diseases	7	4	4	3	3	..	..	3	..		1	3	..
24. Diseases of the Stomach (Cancer excepted)	10	5	5	5	1	..	..	1	..	..	6	2	1
25. Diarrhoeal Diseases (under 5 years)	52	67	35	17	43	6	3	52	..	..	..	.	..
26. Appendicitis and Typhilitis	3	12	7	1	..	..	..	..	1	1	1	5	..
27. Hernia, Intestinal Obstruction	10	6	4	6	..	..	..	..		..	4	2	4
28. Cirrhosis of Liver	4	6	4	..	..	..	..	..	..	..	..	1	3
29. Bright's Disease and Nephritis	66	79	35	31	..	..	..	..	1	3	8	28	25
30. Diseases of Women (not Cancer)	7	3	..	7	..	..	..	..	..	..	4	3	..
31. Puerperal Septicaemia	2	1	..	2	.	..	..	..	..	..	2	..	..
32. Other Puerperal Diseases	14	7		14	..	.	..			4	10	..	.
33. Congenital Debility, and Malformations	68	51	37	31	68	..	..	68	..		.		.
34. Old Age	2	3	..	2		..	..	..	..	..	..	..	2
35. Violent Deaths	60	57	48	12	2	..	3	10	4	9	20	9	6
a. Sunstroke	..	..	..	..	..	..	..		..	..	..	..	..
b. Other Accidents	57	54	46	11	2	..	3	10	4	7	19	9	3
c. Homicide	3	3	2	1	..	..	..	..	..	2	1	..	..
36. Suicide	12	10	9	3	..		..	..	..	1	3	3	
*37. All other causes	182	190	99	33	21	3	2	26	9	12	32	51	52
38. Ill-defined causes	2	2	2	..	..	1	..	1	..	..	1	..	.

Deaths in Institutions,	428	Mean temperature,	59.9 deg. Fahr
Mean barometer,	29.64	Maximum temperature,	77.0 deg. Fahr
Mean humidity.	69.7	Minimum temperature,	44.0 deg. Fahr
Precipitation,	.45		

†If the deaths under one month, numbering 73 from all causes, be deducted from the total deaths under one year, the resulting rate will be 34 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 7, Diabetes 24, Alcoholism 1, Locomotor Ataxia 1, Paresis 5, Arterio-sclerosis 53, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES. Vol. X. OCTOBER 22, 1921. No. 43.

POLIOMYELITIS IN NEW YORK CITY.

The poliomyelitis situation up to date is as follows:

During the first five months of 1921, sporadic cases of poliomyelitis occurred, but they became more abundant in June, when there were eleven cases reported. These were augmented, in July, by 38, and, in August by 101 cases. In September there were 231 cases and 51 deaths reported. From September 30, up to and including October 10, there were 54 cases and 10 deaths listed.

On October 6, we noted the lowest daily incidence since September 7—only 3 cases and no deaths. This low daily incidence has continued up to the present.

On October 7, there were 4 cases; on October 8, there were 4 cases; on October 9 and 10, there were 4 cases and 1 death.

The peak of the disease was evidently reached during the last week of September. in the week ending Sepember 24, there were 69 cases reported; in the week ending October 1, there were 54 cases; in the week ending October 8, there were 42 cases. The cool weather evidently checked the spread of the disease.

We have for 1921, up to date, a total of 439 cases and 95 deaths. This is far beyond the five year average, but far less than the prevalence of 1916, when there were more than 1,100 cases in each of two different weeks, and almost 10,000 for the year. Tables accompany this report showing the weekly incidences for 1921, 1920, 1919, 1918, 1917, 1916, and the five year average.

Up-state, especially in Utica and vicinity, the disease has been present in far greater proportion than in New York City. Were the disease prevalent in the same degree here, we would have about 600 cases a week. New York City and the rest of the State, have now, as a total for the year, about an equal number of cases.

The disease here is attacking, as usual, the age group under five years, while, up-State, it is attacking older children and young adults. Tables are attached giving the ages of our cases. Apparently, only those past middle age have escaped the disease.

Males predominate both as to incidence and mortality—220 cases and 48 deaths, as compared to 172 cases and 40 deaths among females (up to September 30, 1921.)

A study of the type and severity of the cases, indicates that the present incidence is similar to others. The early cases were mild and, usually, of the spinal type. Later, there were more bulbar cases, and a general increase in severity.

Digitized by Google

Thirty of the 392 cases, recorded up till September 30, gave an out-of-town history during the period of incubation. Three of these are known to have had the disease fully developed when they were brought back to the city.

Only 4 of these 392 cases (not counting the multiple cases described in the next paragraph) gave a history of having been exposed at some time to other cases—all in previous years.

We have five instances of multiple cases on record, to date. The first, is that of two children, one and two years of age, respectively, with onsets five days apart.

The second, is that of two children, 19 months and 4 years of age, respectively, with onsets six days apart.

The third, is that of two young adults, a man of 21 and his married sister of 23 years, living at different addresses, with onsets ten days apart. The young man was a primary case, and died. The sister was with him much of the time during his illness. She is still living, with paralysis of both lower extremities

The fourth, is that of two little playmates in the same tenement house—a boy of 4 years who died, and a girl of 5 years—with onsets 4 days apart.

The fifth, is that of a boy of 15 years who saw his sister (17 years of age) for the first time in several months, on the eighth day of her attack. He developed the disease 4 days later.

Nothing definite has been found—no suspicious food supply; no contact between cases; cases have not occurred along lines of travel, and are scattered throughout all the Boroughs.

Up to July, the case fatality rate was only 12 per cent; but, with the increasing incidence, the rate steadily increased. With 439 cases and 95 deaths, up to date, the case fatality rate is 22 per cent. For the week ending September 24, with 69 cases and 16 deaths, it was 23.2 per cent, and for the week ending October 1 with 54 cases and 20 deaths, it was 37 per cent. For the week ending October 8 with 42 cases and 7 deaths, it was 16 per cent.

During the week ending September 17, we conducted a house to house canvass in certain congested areas in Manhattan, The Bronx, and Brooklyn, in order to make sure that the disease is not more prevalent than reports indicated. In Manhattan and The Bronx, our nurses visited 6,999 families, including, probably, 28,000 persons They found only 19 sick children, 11 of whom had private physicians, who were questioned over the telephone concerning the diagnoses. The remaining 8 cases were visited by our diagnosticians, and, of this number, 2 were found to be cases of poliomyelitis Therefore, in a population of 28,000 individuals there were only 2 cases of poliomyelitis.

POLIOMYELITIS CASES AND DEATHS BY BOROUGHS AND MONTHS.

1921	Manhattan		Bronx		Brooklyn		Queens		Richmond		City	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
January	..	..	..	..	2	1	..	..	..	..	2	1
February	2	0	..	..	4	1	..	..	..	..	6	1
March	0	1	..	..	..	..	..	..	..	..	0	1
April	..	..	2	0	3	1	..	..	..	..	5	1
May	..	..	..	..	..	..	..	..	..	..	..	..
June	8	0	..	..	4	1	..	..	..	..	12	1
July	13	3	9	1	12	1	3	1	1	1	38	7
August	45	10	11	1	34	5	10	4	1	1	101	21
September	74	25	45	11	77	15	26	4	6	0	228	55*
Totals	142	39	67	13	136	25	39	9	8	2	392	85

*Uncorrected figures.

Digitized by Google

POLIOMYELITIS CASES AND DEATHS BY AGE GROUPS—JANUARY 1 TO SEPTEMBER 30, 1921.

Ages	CASES Male	Female	Total	Ages	DEATHS Male	Female	Total
Under 1	25	15	40	Under 1	2	1	3
1	36	25	61	1	5	5	10
2	29	39	68	2	2	6	8
3	33	25	58	3	6	4	10
4	24	14	38	4	6	4	10
5	15	10	25	5	3	2	5
6	8	10	18	6	4	4	8
7	6	9	15	7	6	3	9
8	9	10	19	8	4	3	7
9	8	1	9	9	2	1	3
10	..	1	1	10	..	..	..
11	5	1	6	11	..	..	..
12	3	2	5	12	2	1	3
13	1	..	1	13	..	..	..
14	3	1	4	14	..	..	..
15	2	1	3	15	..	2	2
16	1	..	1	16	..	..	..
17	3	1	4	17	1	2	3
18	1	..	1	18	..	..	..
19	1	1	2	19	1	1	2
20	1	..	1	20	..	..	..
21	2	..	2	21	2	..	2
23	1	3	4	22	..	..	..
25	2	..	2	23	..	1	1
28	..	1	1	24	..	..	..
31	..	1	1	25	1	..	1
41	1	..	1	41	1	..	1
46	..	1	1				
Totals	220	172	392	Totals	48	40	88*

*Uncorrected totals.

POLIOMYELITIS CASES BY WEEKS.

New York City.

Weeks	1916	1916	1917	1918	1919	1920	1921	Normal 5-yr. Average
1 Jan.	1	..	1	0	0	0	..	2
2 "	8	..	3	1	0	0	..	1
3 "	15	..	3	1	1	0	1	12
4 "	22	..	3	1	0	0	1	1
5 "	29	..	2	1	0	1	..	1
6 Feb.	5	..	1	1	0	0	1	.5
7 "	12	..	1	1	0	1	..	.7
8 "	19	..	1	1	2	0	4	1
9 "	26	..	0	1	0	1	..	.5
10 Mar.	4	..	3	0	0	1	..	1
11 "	11	..	1	0	0	1	1	.5
12 "	18	..	..	2	0	0	..	.5
13 "	25	..	3	5	2	1	..	3
14 Apr.	1	..	..	3	0	0	..	.7
15 "	8	..	..	4	0	1	2	1.2
16 "	15	..	2	1 y. 20	1	0	2	1
17 "	22	3	3	Apr. 28 1	1	0	..	1.6
18 "	29	0	4	1	0	0	1	1
19 May	6	1	3	1	0	0	1	1
20 "	13	1	2	0	0	1	..	1.2
21 "	20	0	2	1	0	1	..	.8
22 "	27	2	5	1	3	1	..	2.4
23 June	3	1	5	1	0	1	2	1.5
24 "	10	11	6	2	0	1	1	4
25 "	17	15	8	4	1	0	1	5.6
26 "	24	95	9	5	2	1	4	4
27 July	1	255	5	4	1	2	5	3
28 "	8	535	7	2	0	4	4	3.2
29 "	15	933	5	7	0	1	3	3.2
30 "	22	741	8	5	0	1	13	3.5
31 "	29	912	12	7	0 Aug. 2	3	16	5.5
32 Aug.	5	1117	5	4	0	2	21	3
33 "	12	1151	2	8	2	0	22	3
34 "	19	865	2	11	2	3	19	4.5
35 "	26	707	3	3	4	1	27	3
36 Sept.	2	441	3	3	1	3	36	3
37 "	9	352	3	0	2	3	30	4.5
38 "	16	252	3	6	2	3	66	3.5
39 "	23	156	3	9	2	8	69	5.5
40 "	30	142	3	9	3	17	54	8
41 Oct.	7	96	1	3 Oct. 5	2 Oct. 11	9	42	4.5
42 "	14	72	0	0	2	15	..	4
43 "	21	43	1	1	0	22	..	6
44 "	28	37	1	1	4	14	..	5
45 Nov.	4	19	2	0	1	10	..	6.4
46 "	11	14	0	0	1	11	..	3.2
47 "	18	4	1	0	3	12	..	5
48 "	25	9	2	0	3	4	..	3.6
49 Dec.	2	9	0	1	1	2	..	7.5
50 "	9	5	0	0	1	2	..	1
51 "	16	3	0	1	0	1	..	1
52 "	23	2	0	1	1	3	..	1.4
	30	4	0	0	0	1	..	1

Digitized by Google

WORK OF THE NATIONAL BOARD OF MEDICAL EXAMINERS.

The National Board of Medical Examiners has just completed the first five years work and with it the trial period of its usefulness. The principle which this board has stood for, namely, the establishment of a thorough test of fitness to practice medicine which might safely be accepted throughout this country and abroad, has been widely accepted. Since this board was organized by Dr. W. L. Rodman, in 1915, 11 examinations have been held. These examinations have been conducted on the plan of holding at one sitting a written, practical, and clinical test for candidates with certain qualifications, namely, a four-year high-school course, two years of college work, including one year of physics, chemistry, and biology, graduation from a Class A medical school, and one year's interneship in an acceptable hospital. These examinations have covered all the subjects of the medical school curriculum and have been conducted by members of the board with members of the profession resident in the place of examination appointed to help them. Such examinations have been held in Washington, Philadelphia, New York City, Boston, Chicago, St. Louis, Rochester (Minn.), and Minneapolis. During the war a combined examination was held at Fort Oglethorpe and Fort Riley. There have been 325 candidates examined, of whom 269 have passed and have been granted certificates.

"Starting with the indorsement of the Council on Medical Education of the American Medical Association, American Medical College Association, and various sectional medical societies, the recognition of the Army, Navy, and Public Health Service Medical Corps of the United States and certain State boards of medical examiners, the certificate is now recognized also by 20 States as follows: Alabama, Arizona, Colorado, Delaware, Florida, Georgia, Idaho, Iowa, Kentucky, Maryland, Minnesota, Nebraska, New Hampshire, New Jersey, North Carolina, North Dakota, Pennsylvania, Rhode Island, Vermont, and Virginia, the Conjoint Board of England, the Triple Qualification Board of Scotland, the American College of Surgeons, and the Mayo Foundation of the University of Minnesota.

"There has been such a widespread demand for an opportunity to secure this certificate by examination that the board has now adopted and will put into effect at once the following plan: Part I, to consist of a written examination in the six fundamental medical sciences: Anatomy, including histology and embryology; physiology; physiological chemistry; general pathology; bacteriology; materia medica and pharmacology. Part II, to consist of a written examination in the four following subjects: Medicine, including pediatrics, neuro-psychiatry, and therapeutics; surgery, including applied anatomy, surgical pathology, and surgical specialties; obstetrics and gynecology; public health, including hygiene and medical jurisprudence. Part III, to consist of a practical examination in each of the following four subjects: Clinical medicine, including medical pathology, applied physiology, clinical chemistry, clinical microscopy, and dermatology; clinical surgery, including applied anatomy, surgical pathology, operative surgery, and the surgical specialties of the diseases of the eye, ear, nose, and throat; obstetrics and gynecology; public health, including sanitary bacteriology and the communicable diseases.

"Parts I and II will be conducted as written examinations in Class A medical schools, and Part III will be entirely practical and clinical. In order to facilitate the carrying out of Part III, subsidiary boards will be appointed in the following cities: Boston, New York, Philadelphia, Minneapolis, Iowa City, San Francisco, Denver, New Orleans, Baltimore, Galveston, Cleveland, St. Louis, Chicago, Washington, D. C., and Nashville, and these boards will function under the direction of the National Board. The fee of $25 for the first part, $25 for the second part, and $50 for the third part will be charged. In order to help the board, the Carnegie Foundation has appropriated $100,000 over a period of five years.

Digitized by Google

"At the annual meeting held June 13, 1921, in Boston, the following officers were elected: M. W. Ireland, Surgeon General, U. S. Army, President; J. S. Rodman, M. D., Secretary-Treasurer; E. S. Elwood, Managing Director.

"Mr. Elwood will personally visit all Class A schools during the college year to further explain the examination and other matters to those interested. Further information may be had from the secretary-treasurer, Medical Arts Building, Philadelphia, Pa."—(*Public Health Reports.*)

PREVENTING RABIES IN NEW YORK CITY.

The attached table shows the continued activity of the Sanitary Police Squad of the Department of Health to prevent rabies in the City of New York. The number of fines imposed show that this activity is not confined to the Department of Health, and that the co-operation of the presiding judges deserves the grateful recognition of the community.

RABIES PREVENTION WORK DURING AUGUST, 1921.

Borough	Arrests	Fined	Sentence Discharged	Sentence Suspended	Pending	Fines
Manhattan	258	228	5	24	1	$275
Bronx	34	34	0	4	0	50
Brooklyn	150	138	2	9	1	204
Queens	41	24	0	17	0	89
Richmond	3	3	0	0	0	6
Totals	496	423	7	54	2	$624

MORTALITY BULLETIN FOR THE WEEK ENDING OCTOBER 15, 1921.

The City continues to enjoy a remarkably low mortality. During the past week the death rate for the Greater City was 9.24 as compared with 9.95 during the week ending October 16th, 1920. The difference of .71 in the weekly rate is equivalent to a saving of 78 lives. The total deaths reported during the past week were 1,019.

Seven deaths were reported during the week from poliomyelitis, a decrease of 1 from the previous week and of 13 from the week ending October 1st. There was a slight increase in the mortality of diphtheria, 11 deaths having been reported from this cause during the week. The mortality of scarlet fever on the other hand dropped to 1 death. Four deaths were reported from whooping cough as compared with 10 during the comparable week of last year. Thirty-nine deaths were reported from the diarrhoeal diseases amongst children under five years during the week, whereas 50 deaths from this cause were reported during the week of October 16th last year. The mortality of pulmonary tuberculosis continues to decline even below the low figures of 1920. Eighty-one deaths were reported from this cause during the week as compared with 95 during the comparable week of 1920. There was a slight increase during the week in the mortality of heart diseases which, however, was more than offset by a decline in the mortality of nephritis.

The total number of deaths from accidents during the week was 63. Thirty of these resulted from street accidents, of this latter number automobiles caused 26, more than the deaths caused by all the acute contagious diseases

The death rate for the expired period of 1921 is 11.24. During the corresponding period of last year the death rate was 13.41. The accumulative infant mortality rate for the first forty-two weeks of this year is 74, which is 15 points lower than during the comparable period of 1920, when the rate was 89.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 506 Pearl Street.

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CHILD WELFARE.—U. S. Children's Bureau. State commission for the study and revision of child welfare laws. 1920. 43 pp. (Bur. Pub. No. 71.)
—— Addenda. 1921. 7 p., typewritten. p361.3Un8sc

COLOR BLINDNESS.—Grow, E. J. Remarks on color blindness, together with some of the objections found with a few of the color perception tests now in use. (U. S. Nav. M. Bull., Oct., 1921. pp. 717-732.)

DRUG ADDICTION.—Bryce, P. H. Relations of society to the drug habit. (Am. J. Pub. Health, Sept., 1921. pp. 812-815.)

ENCEPHALITIS.—Strauss, Israel, and I. S. Wechsler. Epidemic encephalitis (encephalitis lethargica. (Internat. J. Pub. Health, Sept.-Oct., 1921. pp. 449-464.)

FLEAS.—U. S. Agriculture, Dept. of. Fleas and their control, by F. C. Bishop. June, 1921. 15 p. illus. (Farmers' Bull., 897.) VF

FOOD.—Grindrod, George. Sanitary control in the manufacture of foods and its economic importance. (Am. J. Pub. Health, Oct., 1921. pp. 920-922.)

INDUSTRIAL POISONING.—U. S. Labor Statistics, Bureau of. Industrial poisoning in making coal-tar dyes and dye intermediates, by Alice Hamilton. 1921. 87 pp. (Bull. No. 280.) p613.62Un8ind

INFANT MORTALITY.—Knowlton, Millard. Syphilis and infant deaths. (U. S. Public Health Service. Public Health Reports, Sept. 23, 1921. pp. 2305-2312.)

NERVES.—Child, C. M. The origin and development of the nervous system from a physiological viewpoint. University of Chicago Press. 1921. 296 p. 611.8C43

POISONING.—Ziegler, S. L. The ocular menace of wood alcohol poisoning. (A. M. A. Jour., Oct. 1, 1921. pp. 1160-1166.)

SCHOOL HYGIENE.—Howe, W. A. School health service in New York State. (Am. J. Pub. Health, Oct., 1921. pp. 873-887.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	July 23	July 30	Aug. 6	Aug 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15
Total deaths	984	1225	1107	1043	1086	1056	1124	1059	967	959	1044	996	1019
Annual Death Rate	8.98	11.12	10 04	9.46	9.85	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24
*Acute Infectious Diseases	29	42	21	22	31	21	23	24	16	17	16	16	21
Pul. Tuberculosis..	94	93	67	67	103	96	94	88	91	76	80	75	51
Influenza	3	1	3	1	1	..	3	1	3	3	5	6	5
Lobar Pneumonia.	12	16	24	23	21	22	38	34	18	27	35	37	43
Broncho Pneum...	25	37	36	33	26	26	46	36	35	23	30	28	30
**Violent Deaths ...	79	79	93	70	64	77	71	87	69	70	65	60	62
Deaths under 1 year.	181	247	228	210	216	199	210	177	151	180	187	159	154
Rates per 1,000 births	71.4	97.4	89.9	82.7	85.0	78.4	82 5	69.6	59.2	70.6	73 3	62.3	60 3
Deaths under 5 years	245	323	315	280	289	262	283	248	216	229	242	211	206
" 5-65 years ..	553	653	566	547	584	566	603	606	546	546	575	568	569
" 65 years and over	186	249	226	216	213	228	238	205	205	184	227	217	242

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	241	215	200	244	198	265	232	190	202	237	278	174	235
Diphtheria	136	129	100	115	102	77	99	116	111	109	121	132	113
Measles	82	77	79	59	68	26	47	40	29	25	21	33	33
Scarlet Fever	40	30	28	33	40	35	30	36	46	54	69	52	92
Chickenpox	43	17	9	14	13	7	8	8	18	16	15	16	23
Influenza	4	11	8	17	6	2	5	4	11	4	14	20	21
Pneumonias	166	191	164	120	135	98	142	127	148	131	191	142	168
Typhoid Fever	21	33	17	28	41	66	70	53	70	56	33	24	24
Whooping Cough ...	149	128	120	135	102	105	126	78	108	84	104	70	58
Syphilis	200	185	191	239	237	222	230	219	444	355	355	269	229
Gonorrhoea	109	104	40	65	111	86	55	155	233	104	181	137	134
Poliomyelitis	12	18	23	24	10	22	39	26	61	69	55	38	34
Cerebro-spinal Meningitis	8	2	4	7	11	8	4	4	9	4	8	2	4
Total	1211	1135	983	1100	1074	1019	1087	1051	1590	1298	14 45	1128	1145

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 15, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	517	447	428	1010	789	52	11 82	10 24	9.81
The Bronx	732,016	772,528	109	129	126	265	89	8	7.61	8.64	8 44
Brooklyn	2,022,262	2,077,674	349	358	369	934	297	42	8.98	8.86	9 27
Queens	466,811	497,627	73	63	81	210	24	6	7.96	6.60	8 49
Richmond	115,959	121,252	32	27	15	61	34	..	14 13	11 62	6 45
Total	5,621,151	5,751,859	1080	1019	1019	2480	1183	108	9 95	9.24	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-two weeks of this year there were 52,052 deaths, a rate of 11.24 per 1,000 population. During the corresponding weeks of last year there were 61,161 deaths, a rate of 13 41 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years	5-65 years.	65 years and over.
Manhattan	6	32	1	3	4	17	10	23	22	7	4	27	69	96	249	102
The Bronx	3	16	..	1	1	6	2	5	5	3	..	11	15	21	78	30
Brooklyn	5	17	1	1	3	19	16	12	10	7	1	17	57	75	185	93
Queens	1	7	..	..	..	1	1	2	2	3	.	5	12	14	31	18
Richmond	1	9	..	..	..	..	1	..	..	..	..	3	1	2	16	9
Total	16	81	2	5	8	43	30	42	39	20	5	63	154	208	559	252

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	61	56 5	13	12 0	9	5	86	19.5	21	4 8	5	1.1
The Bronx	16	55 0	5	17.2	1	4	24	14 9	5	3.1	1	.6
Brooklyn	61	64 8	8	8 4	4	4	78	17 4	10	2 2	3	.7
Queens	15	82 6	3	16.5	..	2	18	16 9	3	2 8	1	.9
Richmond	1	18 7	..	..	..	..	2	8.4	..	..	..	..
City of New York.	154	60.3	29	11.4	14	15	208	17 6	39	3.3	10	.9

During the first forty-two weeks of this year 7,955 infants died, a rate of 74. per 1,000 births. During the corresponding weeks of last year 9,570 died, a rate of 89. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 10-8-'21	32	52	4	33	9	27	..	28	2	3	..	4	..	..	..	27	..	531	102	854
Admitted	8	9	..	9	5	11	..	1	2	2	..	2	..	..	..	..	..	13	4	66
Discharged	9	8	2	20	..	7	..	5	..	..	..	..	..	..	..	3	..	18	3	75
Died		2		3	..	1	..	1	..	..	..	1	..	..	..	2	..	..		10
Rem'g 10-15-'21	31	51	2	19	14	30	..	23	4	5	..	5	..	..	..	22	..	526	103	835
Total treated	40	61	4	42	14	38	..	29	4	5	..	6	..	..	..	27	..	544	106	920

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1019	1,080	515	504	154	29	25	208	45	39	191	284	252
1. Typhoid Fever	3	3	2	1		..	..	..	1	..	1	1	
2. Malarial Fever	1	..	1	..	..	..	..	..	..	1	..		
5. Measles	..	..	..	..	..	..	..	..	..	..	..	.	.
6. Scarlet Fever	1	4	..	1	1		..	1		..	..		.
7. Whooping Cough	4	10	2	2	1	3	..	4	..		..		
8. Diphtheria	11	7	6	5	..	2	3	5	5		1		..
9. Influenza	5	2	3	2	..		..	..		1	3	1	.
Poliomyelitis	7	4	5	2	1	1	2	4	2	..	1		
12. Other Epidemic Diseases	4	3	3	1	1		..	1	1	1	1		.
13. Pulmonary Tuberculosis	81	95	53	28	.				2	15	38	24	3
14. Tbc. Meningitis	9	8	4	5	3	2	2	7	2				
15. Other forms Tbc.	3	8	3	..	..	..	..	..			1	1	1
16. Cancer, Malignant Tumor	93	108	39	54	..	..	..	..		..	17	50	26
17. Simple Meningitis	3	7	1	2	.	.	1	1	1	.	..		1
17a. Cerebro-spinal Meningitis	2	2	1	1		..	..	..	..	1	1	..	..
18. Apoplexy, Softening of the Brain	16	15	6	10	..		.	..	..	..	..	4	12
19. Organic Heart Diseases	195	193	89	106	..	..	..	..	9	1	34	71	80
20. Acute Bronchitis	8	8	3	5	2	2		4	..		1	..	3
21. Chronic Bronchitis	..	2	..	..	..	..						..	..
22. Lobar Pneumonia	43	31	23	20	5	3	5	13	3	2	4	11	10
22a. Broncho Pneumonia	80	46	14	16	15	2	2	19	1	..	3	4	3
23. Other Respiratory Diseases	6	4	5	1	..	..		..	1	1	1	3	..
24. Diseases of the Stomach (Cancer excepted)	9	3	3	6	..	..		..	..	.	3	2	4
25. Diarrhoeal Diseases (under 5 years)	39	50	18	21	29	7	3	39			..		..
26. Appendicitis and Typhilitis	9	16	4	5	..	..	..	..	2	..	2	5	..
27. Hernia, Intestinal Obstruction	8	13	4	4	.	1	.	1		..	..	3	4
28. Cirrhosis of Liver	5	5	2	3		..	.	.		..	..	3	2
29. Bright's Disease and Nephritis	68	87	34	34		1	..	1	1	1	15	22	28
30. Diseases of Women (not Cancer)	6	6		6	..	..	.	..		..	2	4	..
31. Puerperal Septicaemia	2	4		2			..	..		1	1	..	..
32. Other Puerperal Diseases	5	6		5	.		..			..	5	..	..
33. Congenital Debility, and Malformations	75	58	37	38	74	1	..	75	..	.	..		..
34. Old Age	3	5		3		.	..	..	..	..	..	.	3
35. Violent Deaths	68	77	51	17	..	..	7	7	9	4	22	17	9
a. Sunstroke				..	..	..	..		..	..	..	..	..
b. Other Accidents	63	68	46	17	..	..	7	7	9	4	17	17	9
c. Homicide	5	9	5				..	..	..		5	..	..
36. Suicide	20	13	13	7			..	..	..	4	7	6	3
*37. All other causes	175	178	86	89	22	4	..	26	5	6	27	51	60
38. Ill-defined causes	2	1		2		..	..	..	..	..	..	2	..

Deaths in Institutions,	422	Mean temperature,	58.1 deg. Fahr
Mean barometer,	29.90	Maximum temperature,	75.0 deg. Fahr
Mean humidity	60.0	Minimum temperature,	39.0 deg. Fahr
Precipitation,	.04		

†If the deaths under one month, numbering 72 from all causes, be deducted from the total deaths under one year, the resulting rate will be 32 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 2, Diabetes 19, Alcoholism 1, Locomotor Ataxia 1, Paresis 6, Arterio-sclerosis 51, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X OCTOBER 29, 1921. No. 44.

THE FOOD AND FUEL SUPPLY OF THE CITY.

In connection with the threatened railroad strike in order to be prepared for any situation that might arise inimical to the health and well-being of our citizens, the Commissioner of Health had a survey of the city's stocks of provisions and fuel made.

As regards food, it was ascertained that the warehouses and cold storage plants were full, and that even if all railroads were to stop the arrangements would prove ample to bring in such a supply of milk as would meet the demands for domestic and hospital use. It was also found that the coal stored in the city was greater than at any time within the last eight years. This latter is partly the consequences of the great activity in the anthracite mines which has made 1921 one of the years of greatest production.

Thus it is seen that, in the now improbable event of a great strike, the city is well prepared.

THE SEMI-CENTENNIAL OF AMERICAN PUBLIC HEALTH ASSOCIATION.

In preparation for Health Fortnight to be held in New York from November 8th to 19th, when will occur the most comprehensive Health Institute ever conducted in this country, the Fiftieth Annual Meeting of the American Public Health Association, and the largest Health Exposition yet undertaken in America, men and women prominent in public health work have accepted positions as chairmen and have begun to organize committees to handle the manifold details incident to the celebration.

Dr. Lee K. Frankel, former President of the American Public Health Association, is General Chairman of the Semi-Centennial Committee. Other committees and their chairmen are as follows: Entertainment, Dr. C. J. Hatfield; Women's, Miss Sally Lucas Jean; Banquet, Dr. W. F. Snow; Reception, Dr. Herman M. Biggs; Exposition, Dr. Royal S. Copeland; Public Lectures, Dr. Eugene Lyman Fisk; Publicity, Victor F. Ridder; Information, Mr. Homer Folks.

Digitized by Google

The Health Institute, from November 8th to 11th, will offer to visitors from all parts of the North American Continent as well as from overseas an opportunity to witness in actual operation every phase of health work conducted in the city. There will be more than forty demonstrations.

The Institute is sponsored by the American Public Health Association, the Health Department of the City of New York, the New York State Department of Health, the United States Public Health Service, the National Health Council and the Committee on Public Health of the New York Academy of Medicine, with the co-operation of approximately one hundred other organizations. The chairman of the committee is Dr. W. A. Evans, and the Director of the Institute is Dr. D. B. Armstrong of the National Health Council.

Sunday, November 13th, will be Health Sunday, and the co-operation of the leading churches is expected in bringing the message of health to the people.

Beginning Monday, November 14th, the week will be devoted to the Fifty-First Annual Meeting of the American Public Health Association at the Hotel Astor and to the Public Health Exposition in the Grand Central Palace.

To attend the meetings, prominent scientists will journey to New York to read papers reflecting the most recent results of their research and observation.

It will be at these meetings that progress in public health work will be recorded, but naturally popular attention will be directed toward the Exposition.

Plans for the Exposition as arranged at the present time indicate that it will convey to the lay public the message of good health as a means to long life and happiness.

In addition to the serious displays of health, social and similar welfare organizations, there will be a "Midway" and commercial exhibits, all bearing on the question of health.

The committee in charge of the Public Health Exposition consists of Dr. Royal S. Copeland, Health Commissioner of New York City, as chairman; A. W. Hedrich, secretary, and Dr. Charles E. North, treasurer and director.

In all the various activities of Health Fortnight a participant will be Dr. Stephen Smith, who is in his ninety-ninth year and who founded the American Public Health Association. He conducted the investigations of sanitary conditions in this city more than half a century ago with the result that legislation was enacted creating the Health Department. Dr. Smith was the first Health Commissioner of this city, and is still actively interested in the great movement of which he was a pioneer. Therefore, every phase of Health Fortnight will make a special appeal to him.

A banquet will be tendered Dr. Smith by his fellow sanitarians, and he will be presented with a medal bearing his portrait and designed by the eminent sculptor, Michele Martino.

GIFTS OF TOYS AND BOOKS FOR CHILDREN DESIRED.

The children of the New York City Childrens Hospital on Randalls Island, an institution for the feeble minded, are in need of toys and books. Physicians and others can help these little ones if they will aid in securing a supply. Articles will be called for and acknowledged.

S. DANA HUBBARD, M. D., *Chairman, Medical Council, N. Y. Children's Hospital*
505 Pearl Street, New York City.

Digitized by Google

POLIOMYELITIS IN THE UNITED STATES.

Last week we gave the prevalence of poliomyelitis in New York City up to September 30 and October 10. To show the comparative incidence of the malady throughout the country, the following table is quoted from Public Health Reports:

POLIOMYELITIS IN THE UNITED STATES.

Number of cases of poliomyelitis occurring in various States, as reported to the Public Health Service by the State health officers in weekly telegraphic or mail reports.

State	—July— Week Ending 16	23	30	—August— Week Ending 6	13	20	27	—September— Week Ending 3	10	17	24	October Week Ending 1	8
Alabama	..	..	..	..	..	..	..	..	..	..	1	..	..
Arkansas	..	..	..	..	7	7	..	2	3	..	3	..	4
California	3	6	10	4	9	4	6	9	9	9	12	21	5
Colorado[1]	..	..	..	1	..	2	1	1	..	..	..	..	..
Connecticut	2	4	5	1	4	5	6	8	1	5	6	4	(*)
Dist. of Columbia	4	3	7	3	..	2	2	..	4	..	1	2	(*)
Florida	..	..	..	1	..	..	..	..	..	..	..	..	..
Georgia	..	..	..	..	..	..	1	..	..	2	..	1	1
Idaho	(*)	..	..	..	..	..	(*)	(*)	10	..	7	4	1
Illinois	15	24	39	38	27	28	25	16	36	39	43	54	39
Indiana	..	6	8	5	2	3	2	7	7	6	7	5	2
Iowa	3	1	1	7	6	16	14	8	9	10	13	9	10
Kansas	2	..	1	..	1	3	3	6	3	10	6	5	5
Kentucky	2	1	..	..	..	1	1	..	1	1	1	1	(*)
Louisiana	..	..	2	..	..	..	..	..	..	..	..	..	..
Maine	1	..	1	..	..	1	3	1	4	2	2	2	..
Maryland	4	8	7	6	10	16	10	10	5	13	15	16	21
Massachusetts	6	4	10	10	12	18	16	14	10	10	18	11	8
Minnesota	3	5	101	81	48	62	50	48	34	30	39	23	20
Mississippi	..	..	..	..	..	..	1	..	1	..	1	..	..
Missouri	8	3	4	5	3	2	2	5	2	..	5	10	8
Montana	..	..	..	..	2	..	..	1	..	3	5	4	1
Nebraska	1	2	2	..	4	5	2	1	1	2	..	4	2
New Jersey	3	1	6	7	6	8	4	12	4	13	19	13	15
New York [2]	4	10	15	24	27	41	34	40	53	31	57	43	41
North Carolina	1	..	..	1	2	2	..	2	1	..	1	..	..
South Dakota	3	..	..	2	..	1	1	..	2	..	1	2	8
Vermont	1	..	3	3	2	4	..	2	2	1	1	1	2
Virginia	2	1	2	(*)	(*)	1	(*)	..	(*)	(*)	(*)	(*)	(*)
Washington	..	..	..	..	..	13	39	22	11	34	31	17	17
West Virginia	..	..	..	2	3	..	3	1	..	..	2	2	..
Wisconsin	9	14	12	21	16	15	14	17	15	12	24	11	10

[1] Exclusive of Denver. [2] Exclusive of New York City. *No report received.

VALUE OF ANTI-TYPHOID VACCINATION.

Statistics presented in a recent article, by Thomas G. Hull, Ph.D, Chief Division of Laboratories, Illinois State Department of Public Health, in "Public Health Reports," are of such interest that the following quotations are given:

"Table I, given by Maj. Lister, shows how, by voluntary vaccination, the disease in the Army was reduced 70 per cent, and by compulsory vaccination was well-nigh eliminated.

TABLE I.—*Vaccination against typhoid in United States Army.*

Year.		Persons vaccinated.	Cases of typhoid.
1908	Voluntary	0	239
1909	do	530	282
1910	do	16,083	198
1911	do	27,720	70
1912	Compulsory	40,057	27
1913	do	25,086	4
1914	do	30,902	7

"The death rate from typhoid in the Army before vaccination was instituted averaged about the same as that in the same age group (20 to 29 years) in civil life. Col. Russell has compiled figures showing the decided drop in the Army death rate after vaccination was instituted, and a much smaller decline in the civil death rate (a decline due to improved sanitation).

Digitized by Google

TABLE II.—*Rate of typhoid fever in the Army and in the corresponding age group in civil life.*

Year	Death rate per 1,000 in Army.	Death rate per 1,000 in civil life (ages 20 to 29 years).	Year.	Death rate per 1,000 in Army.	Death rate per 1,000 in civil life (ages 20 to 29 years).
1900	0.43	0.46	1910	0.16	0.27
1901	.64	.42	1911 b	.09	.23
1902	.86	.40	1912	.04	.18
1903	.28	.35	1913	.00	.18
1904	.27	.33	1914	.03	.15
1905	.30	.32	1915	.00	.18
1906	.28	.32	1916	.03	.12
1907	.19	.28	1917	.03	.11
1908	.23	.28	1918	.05	.09
1909 a	.28	.23			

a Voluntary vaccination against typhoid in Army.
b Compulsory vaccination against typhoid in Army.

"In the last 10 years typhoid vaccination has been put to many severe tests but it has never failed to show its value. For various causes, which will not be discussed here, vaccination is not an absolute preventive against typhoid fever. Massive and repeated doses of typhoid organisms may break down the defense of the individual but his vaccination even then may render the course of the disease much milder. This was well illustrated in Hawaii in 1917, in an epidemic where only part of the troops were vaccinated. Only 1.3 per cent of the vaccinated troops contracted typhoid, while 5.5 per cent of the unvaccinateed troops came down with the disease. Of the sick vaccinated, 1 in 13 died, whereas of the sick unvaccinated 1 in 8 died.

TABLE III.—*Typhoid epidemic in Hawaii in the Fall of* 1917.

Troops.	Case rate per 1,000	Death rate per 1,000
Vaccinated	13.45	0.97
Unvaccinated	55.41	8.62

"In the World War elaborate sanitary precautions, unknown in other wars, were instituted to prevent any opportunity for men to become infected with typhoid. In the stress of the struggle, however, there were many breaks in the defense, and plenty of opportunities were afforded for what under ordinary conditions would have been large epidemics. Thanks to vaccination, these did not develop, or, at most, produced but a few cases each. Out of the 4,000,000 troops in the World War, there occurred 213 deaths from typhoid. If the rates in previous wars had obtained, this figure would have been multiplied several hundred times.

TABLE IV.—*Relation of mortality from typhoid fever in the World War to that of previous wars.*

Deaths from typhoid fever in the World War	213
Deaths that would have occurred if Civil War rate had obtained	51,123
Deaths that would have occurred if Spanish War rate had obtained	87,104

"General vaccination against typhoid fever in civil life has not been practiced on a sufficiently large scale and records have not been kept sufficiently accurate to permit the drawing of definite conclusions. It would be expected, however, that the several millions of men in the Army who were vaccinated would show a lowered typhoid rate over pre-war rates for the same age group. This is exactly what happened. While white women in the age group 20 to 35 years showed a decrease of 47 per cent in 1919 over the 1911-1916 average, white men in the same group showed showed a decrease in 1919 of 64 per cent over the pre-war average.

TABLE V.—*Reduction of typhoid rate in ex-service men over pre-war rates.*

	Typhoid rate, 1911-1916.	Typhoid rate, 1919.	Per cent decrease.
White men, 20-35 years	22.3	8.0	64
White women, 20-35 years	14.9	7.9	47

"That the vaccination received in the Army had a distinct protective power even two or three years later, when the men had returned to civil life, was clearly shown recently in a typhoid epidemic of several hundred cases in Salem, Ohio

Digitized by Google

Dr. Bunn presents figures to show that out of 210 ex-service men in Salem, only 3, or 1.4 per cent, contracted the disease, whereas out of the female population of the same age group 12.5 per cent contracted it.

TABLE VI.—*Effect of typhoid vaccination in ex-service men in typhoid epidemic in Salem, Ohio.*

	Per cent contracting typhoid.
Female population of Salem between 20 and 30 years	12.5
Ex-service men in Salem (210)	1.4

"From the above data it will be realized that typhoid vaccination is of value not only in the Army, but in civil life as well. There are, however, certain groups of individuals upon whom vaccination should be especially urged as of the utmost importance. Along with instructions as to sanitary measures in crises should go instructions as to vaccination. In this group of persons are the following:

"1. All nurses in hospitals while in training.

"2. All traveling men and travelers who are visiting small towns and rural districts regularly.

"3. All persons planning to go to the country for summer vacation.

"4. All contacts with a case of typhoid fever.

"5. All persons in a community where typhoid fever is epidemic or threatens to become epidemic.

"6. All persons living in towns with unsafe water supplies.

"7. All persons dependent upon shallow wells for water supply."

MORTALITY BULLETIN FOR THE WEEK ENDING OCT. 22, 1921.

The mortality during the week rose considerably above that of the immediately preceding eleven weeks and above that of the corresponding week of the year 1920. The rise was sudden and was reflected not in the increased mortality among children but in a considerably increased mortality among adults, including the aged. Compared with the corresponding week of 1920 there were 29 less deaths among children under five years of age. Between five and sixty-five years of age there was an increase of 98 deaths, and at sixty-five years of age and over, an increase of 51 deaths. As the increased mortality showed principally among the chronic organic diseases as reflected in an increase of 27 deaths from cancer and of 42 deaths from organic heart diseases, and of 126 deaths from those not specified in the accompanying lists, it is evident that the increase was not controllable especially as the mortality from the infectious diseases was approximately the same as during the corresponding week of 1920, the differences between the number of deaths being only 1.

There were 5 deaths from poliomyelitis as compared with 4; 2 deaths from scarlet fever as compared with 3; 14 deaths from diphtheria as compared with 12; 4 deaths from whooping cough as compared with 8. The mortality from measles and typhoid was exactly the same in both weeks as was the mortality from pulmonary tuberculosis.

The death rate for the first 43 weeks of the year was 11.23 per 1,000 of the population, as compared with a rate of 13.33 during the corresponding period of 1920 From January 1st to date 73 infants died out of every 1,000 children born, as compared with 88 deaths at this age group in the corresponding period of 1920.

It is evident that, barring any unforeseen big wage of infection or a great casualty, the death rate for the year will be the lowest that has ever been experienced by the City, and will probably approximate 11.30, as compared with the previous lowest rate on record, 12.93, which occurred in the year 1920. The infant mortality rate promises also to be the lowest on record. In 1920 the rate was 85 per 1,000 births, this being the banner record which will be superseded by the extremely low record of probably 75 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City

ACCIDENTS.—Hulst, M. M. Accidents in childhood. (Mother and Child, Oct., 1921. p. 471, tables.)

COST OF LIVING.—Barnett, G. E. A critique of cost-of-living studies. (Am. Stat. Assoc. Quart. Pub., Sept., 1921. pp. 904-908.)

CRIPPLES.—Horwitz, A. E. Educational needs of the crippled child. (Nation's Health, Aug., 1921. pp. 472-474, illus.)

INFECTION.—Ward, C. B., and F. W. Tanner. Bacteria on subsidiary coins and currency. (Am. J. Med. Sc., Oct., 1921. pp. 585-592, tables.)

MALNUTRITION.—Talbot, F. B. Severe infantile malnutrition. (Am. J. Dis. Child., Oct., 1921. pp. 358-370, tables, illus.)

N. Y. CITY HOSPITALS.—Savage, A. J. B. A hospital for 1,500,500 downtown New Yorkers [Broad Street Hospital]. (Mod. Hosp., Oct., 1921. pp. 262-263, illus.)

NUTRITION.—New York Nutrition Council. Nutrition bibliography. Health Service. American Red Cross, New York County Chapter. June, 1921. 30 p. p612.39 N42

SCHOOL LUNCHES.—Fawsett, L. C. The cafeteria method of serving lunch to school children. (Am. City, Oct., 1921. p. 314.)

SEWAGE.—Watson, J. D. Utilization of sewage sludge. (Royal Sanitary Institute Jour., Sept., 1921. pp. 90-96.)

SYPHILIS.—Swayne, W. C. Syphilis in women and children. (Brit. M. J., Sept. 24, 1921. pp. 477-480.)

VACCINATION.—Klots, W. C., and F. B. Stafford. Smallpox vaccination and pulmonary tuberculosis. (Am. Rev. Tuberc., Sept., 1921. pp. 595-598.)

VITAL STATISTICS.—Newsholme, Arthur. The better use of vital statistics in public health administration. (Am. Stat. Assoc. Quart. Pub., Sept., 1921. pp. 815-825.)

WHOOPING COUGH.—Miller, M. D. Preliminary report of the prophylaxis of whooping cough. (Am. J. Pub. Health, Oct., 1921. pp. 913-914.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 30	Aug. 6	Aug. 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22
Total deaths	1225	1103	1043	1086	1056	1124	1059	967	959	1044	996	1019	1211
Annual Death Rate	11 12	9 14	9 46	9 85	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98
*Acute Infectious Diseases	42	21	22	31	21	23	24	16	17	16	16	21	32
Pul. Tuberculosis..	93	67	67	103	96	94	88	91	76	80	75	81	91
Influenza	1	3	1	1	..	3	1	3	3	5	6	5	4
Lobar Pneumonia.	16	24	23	21	22	38	34	18	27	35	37	43	45
Broncho Pneum...	37	36	38	26	26	46	36	35	28	30	28	30	38
**Violent Deaths ...	79	93	70	64	77	71	87	69	70	65	60	68	71
Deaths under 1 year.	247	228	210	216	199	210	177	151	180	187	159	154	164
Rates per 1,000 births	97.4	89 9	82.7	85.0	78.4	82 5	69.6	59.2	70.6	73 3	62.3	60.3	64.1
Deaths under 5 years	323	315	280	289	262	283	248	216	229	242	211	208	227
" 5-65 years ..	653	566	547	584	566	603	606	546	546	575	568	559	608
" 65 years and over	249	226	216	213	228	238	205	205	184	227	217	252	296

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	215	200	244	198	265	232	190	302	287	278	174	235	279
Diphtheria	129	100	115	102	77	99	116	111	109	121	132	113	184
Measles	77	79	59	68	26	47	40	29	25	21	33	33	41
Scarlet Fever	30	28	33	40	35	30	36	46	54	69	52	53	97
Chickenpox	17	9	14	13	7	8	8	18	16	15	16	23	26
Influenza	11	8	17	6	2	5	4	11	4	14	20	21	29
Pneumonias	191	164	120	135	98	142	127	148	131	191	142	166	210
Typhoid Fever	33	17	28	41	66	70	53	70	56	33	24	24	19
Whooping Cough ...	129	120	135	102	105	126	78	108	84	104	70	58	65
Syphilis	185	191	239	287	222	230	219	444	355	355	289	230	208
Gonorrhoea	104	40	65	111	86	55	155	233	104	181	137	124	167
Poliomyelitis	13	23	24	10	22	39	26	61	69	55	33	34	42
Cerebro-spinal Meningitis	2	4	7	11	8	4	4	9	4	8	2	4	5
Total	1135	983	1100	1074	1019	1087	1051	1590	1298	1445	1129	1142	1386

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 22, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	506	543	522	1156	823	52	11 57	12 44	11 96
The Bronx	732,016	778,528	107	137	137	286	68	10	7.47	9.18	9 18
Brooklyn	2,022,262	2,077,674	348	401	410	1009	276	60	8.91	10.07	10 30
Queens	466,811	497,627	90	99	118	180	44	7	9.81	10 38	12 87
Richmond	115,969	121,252	40	31	24	68	16	2	17.67	13.34	10.33
Total	5,621,151	5,751,859	1091	1211	1211	2699	1227	131	10.05	10.98	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-three weeks of this year there were 53,263 deaths, a rate of 11.23 per 1,000 population. During the corresponding weeks of last year there were 62,252 deaths, a rate of 13.33 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years	5-65 years.	65 years and over.
Manhattan	10	84	2	1	8	17	26	18	17	14	3	34	80	112	312	119
The Bronx	2	24	..	1	..	7	4	3	3	3	..	9	9	15	86	36
Brooklyn	6	15	..	..	4	16	7	17	17	4	..	17	57	77	217	107
Queens	3	11	..	1	1	3	1	4	3	..	..	8	15	19	57	23
Richmond	..	7	..	1	1	2	..	4	4	..	..	..	3	4	16	11
Total	21	91	2	4	14	45	38	46	44	21	3	68	164	227	688	296

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	74	68 4	12	11.1	40	40	102	23 1	14	3.2	8	1.8
The Bronx	13	44 6	4	13.7	5	4	22	13 6	5	3 1	3	1.9
Brooklyn	56	58 9	18	13 7	25	32	76	17 0	17	3 7	1	.2
Queens	18	99 3	3	16.5	4	11	23	21 6	4	3 8	1	.9
Richmond	3	55.8	3	55 8		3	4	16 8	4	16 8		..
City of New York.	164	64 1	35	13.7	74	90	227	19 8	44	3.7	13	1 1

During the first forty-three weeks of this year 8,119 infants died, a rate of 73. per 1,000 births. During the corresponding weeks of last year 9,755 died, a rate of 88. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Ave. Hospital	Pulmonary Tuberculosis: Other Hospitals	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 10-15-'21	31	51	2	19	14	30	..	23	4	5	..	5	..	..	..	22	..	720	103	835
Admitted	8	20	2	7	6	18	..	5	2	1	..	2	..	..	..	..	..	17	1	89
Discharged ..	5	6	..	5	3	8	..	8	2	1	..	2	..	..	..	..	..	15	..	55
Died		3	..	1		4	..	..	..		..	1	..	..	..	..	..		4	13
Rem'g 10-22-'21	34	62	4	20	17	36	..	20	4	5	..	4	..	..	..	22	..	528	100	856
Total treated	39	71	4	26	20	48	..	28	6	6	..	7	..	..	..	22		543	104	924

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1211	1,291	608	603	164	29	34	227	46	84	216	342	296
1. Typhoid Fever	4	4	3	1		..	..	..	..	2	2	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	1	1	1	..	..	1	..	1	..	..	..	..	..
6. Scarlet Fever	2	3	1	1	..	..	..	..	1	1	..	..	..
7. Whooping Cough	4	8	3	1	2		1	3	1	..	..		
8. Diphtheria	14	12	9	5	2	2	5	9	5		..		
9. Influenza	4	5	1	3	..	..	..	..	1	1	..	1	1
Poliomyelitis	5	4	3	2	..	1	2	3	2	..	..	..	..
12. Other Epidemic Diseases	1	2	1		..		..	..	..	..	..	1	..
13. Pulmonary Tuberculosis	91	91	53	38	..	..		..	1	24	40	21	5
14 Tbc. Meningitis	1	11	..	1	..	..	1	1					
15. Other forms Tbc.	8	4	6	2	..	..	..	..	1	1	3	3	..
16 Cancer, Malignant Tumor	130	103	56	74	..	..	1	1	..	2	18	64	45
17. Simple Meningitis	2	4	..	2	..	..	1	1	..	..	..	1	..
17a. Cerebro-spinal Meningitis	2	..	2		..	..	1	1	..	..	1	..	
18. Apoplexy, Softening of the Brain	20	16	9	11	1		..	1	1	..	5	4	9
19. Organic Heart Diseases	233	181	103	130	..	..	..	..	4	10	28	87	104
20. Acute Bronchitis	14	5	8	6	8	2	1	11	1	..	..	..	2
21. Chronic Bronchitis	4	2	2	2	..	..	..	..	1	..	..	1	2
22. Lobar Pneumonia	45	43	20	25	7	1	2	10	3	5	8	7	12
22a. Broncho Pneumonia	38	44	23	15	13	3	4	20	1	1	2	7	7
23. Other Respiratory Diseases	10	7	6	4	..	..	2	2	..	2	2	2	2
24. Diseases of the Stomach (Cancer excepted)	10	5	7	3	..	..	..	..	..	1	3	6	..
25. Diarrhoeal Diseases (under 5 years)	44	69	21	23	34	8	2	44	..	..	..	..	..
26. Appendicitis and Typhlitis	14	14	10	4	..	..	2	2		3	3	5	1
27. Hernia, Intestinal Obstruction	7	17	3	4	1	..	..	1		..	5	..	1
28. Cirrhosis of Liver	8	5	7	1	..	..	..	..	..	1	5	1	1
29. Bright's Disease and Nephritis	83	83	40	43		1	..	1	1	4	8	28	41
30. Diseases of Women (not Cancer)	11	7	..	11	..	..	..	..		..	9	2	..
31. Puerperal Septicaemia	3	..	..	3			..	..	..	..	3	..	..
32. Other Puerperal Diseases	14	11	..	14			..	..		2	12	..	..
33. Congenital Debility, and Malformations	75	59	44	31	73	1	..	74	1				..
34. Old Age	5	4	1	4				..	..	..		..	5
35. Violent Deaths	71	72	47	24	1	3	6	10	8	8	24	17	4
a. Accidents	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	68	60	44	24	1	3	5	9	8	8	22	17	4
c. Homicide	3	12	3		..	..	1	1	..	..	2	..	..
36. Suicide	21	20	16	5	..	..	..	..	..	3	5	11	2
*37. All other causes	208	171	98	110	22	6	8	31	13	12	28	72	52
38. Ill defined causes	4	4	4	..	..	..	..	..	..	1	2	1	..

Deaths in Institutions,	513	Mean temperature,	56.9 deg. Fahr.
Mean barometer,	29.7	Maximum temperature,	73.0 deg. Fahr.
Mean humidity,	66.6	Minimum temperature,	43.0 deg. Fahr.
Precipitation,	.39		

†If the deaths under one month, numbering 79 from all causes, be deducted from the total deaths under one year, the resulting rate will be 33 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 13, Diabetes 18, Alcoholism 2, Locomotor Ataxia 0, Paresis 1, Arterio-sclerosis 57, all other congenital causes 11.

35a-2000-31-O

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. NOVEMBER 5, 1921. No. 45.

INFANT MORTALITY AMONG THE COLORED POPULATION.

For several years, the Bureau of Child Hygiene of the Department of Health has been immensely interested in the mortality among colored babies. This began in 1915 when, as the result of an analysis of the infant mortality rate in the sanitary areas of the Borough of Manhattan, it was found that in the Columbus Hill district, bounded by West Fifty-eighth street and West Sixty-seventh street, from Amsterdam avenue to the river, a section which harbors a large colored population, the infant mortality rate was 314 per thousand births. It was also found that like large infant mortality rates prevailed in all sections similarly populated.

As the result of an intensive campaign conducted in these sections, the infant mortality rate among colored children has been markedly reduced, although the fact still obtains that it is almost twice that among the white. Thus in 1915, the infant mortality rate in the Columbus Hill district, known as "115, Sanitary Area," was 314 per thousand children born; and, in 1920, 116.5 per thousand children born. In "Sanitary Area 119," adjoining this and extending from Sixty-second street on the south, to Sixty-sixth street on the north, and from Amsterdam avenue on the east, to the North River on the west, the infant mortality rate was 147.7, in 1915, and 103.8, in 1920. The infant mortality rate among the white population alone, and among the colored population alone, for several years past, is as follows:

Infant Mortality—City of New York.

Year	White Population	Colored Population
1915	96.2	202
1916	90.7	193
1917	87.1	168.9
1918	89.7	170.8
1919	80.	151
1920	83.	164

It is interesting to observe, from the above tabulation, that the control of infant mortality among the colored has kept pace with the control of infant mortality among the white population, in that as the infant mortality rate of the white population decreased, that of the colored followed suit, and, in those years when

Digitized by Google

the infant mortality among the white population was slightly increased there was a corresponding increase among the colored.

Furthermore, it will be seen the percentage of infant mortality reduction among the white population, for the period 1915-1920, was 13 per cent., while the percentage of infant mortality reduction among the colored, during this same period, was 18 per cent. This reduction in infant mortality among the colored population is not only a tribute to the energetic efforts of the field force of the Bureau of Child Hygiene, and the hearty co-operation of allied child caring agencies operating in the districts concerned, but is also a sign of an awakening on the part of the colored population to the importance of life-saving measures among its children, and to a more ready response to the educational propaganda conducted by the Bureau of Child Hygiene.

THE "COSMOPOLITAN CANCER RESEARCH SOCIETY."

The Department of Health having received several inquiries in regard to the so-called "Cosmopolitan Cancer Research Society," the following is quoted from the September 3, '21, issue of the Journal of the American Medical Association:

"BASIC CANCER RESEARCH" AND "COSMOPOLITAN CANCER RESEARCH SOCIETY"

Medical journals, and some other technical publications, have received recently what purport to be items of news value sent out by the "Medical News Bureau," 77 Seventh Ave., Brooklyn, New York. The "manager" of this alleged bureau is given as D. E. Woolley. These "news items" are undated but are marked: "(For immediate release.)" One of these starts with the statement, attributed to Mme. Curie, that cancer can be cured by radium and then continues:

"Cancer can be cured by the use of selenium and tellurium, more plentiful and less costly elements," says F. W. Humphreys of Brooklyn, an American born student of chemistry and science who has devoted years to the study of the cause of cancer and the discovery of methods for relief. . . ."

"For the purpose of further developing methods of control and treatment of disease by the use of selenium and tellurium discovered by a number of local scientists, chemists and physicians, the Basic Cancer Research has been organized and an efficient laboratory established at 847 Union Street, Brooklyn. . . . ."

"Through the education of the people and special instruction to physicians, it is hoped it may soon be possible to gain control of and eradicate the disease which now appears so great a menace. Mr. F. W. Humphreys, one of the organizers of the new institution estimates that within ten years, or perhaps less time, cancer will no longer be considered a fatal disease."

Evidently the joker here is the "Basic Cancer Research" of 847 Union Street, Brooklyn!

Newspapers are approached from a different angle. They receive free publicity matter on stationery reading "Cosmopolitan Cancer Research Society" (D. E. Woolley, secretary), 847 Union St., Brooklyn, N. Y. With this matter is a letter from Woolley addressed to the editor of the paper to which the stuff is sent and asking:

"In the interest of suffering humanity will you please give space to the enclosed?

"No object of greater importance has ever been presented for your helpful consideration. Thousands are dying whom you can help save."

According to the "news item" that accompanies this letter the "Cosmopolitan Cancer Research Society" has been founded for the purpose of "investigating and developing methods" by which cancer "may be successfully combated and eventually eradicated." It states further that the "society" will "disseminate information concerning symptoms, diagnosis, treatment and methods of prevention" of cancer. Furthermore, the membership of the society "includes physicians, scientists and chemists of prominence, laymen of means, and the sympathetically inclined from all walks of life." Nor is this all!

"Doctor Frederic Klein, the eminent authority on urinology and the chemistry of cancer, has evolved a new colormetric test which is a most wonderful and valuable discovery in the diagnosis of cancer and various other diseases. This test will be particularly valuable in all life extension work because it determines, even in children the possibility of pre-disposition toward any particular disease, whether tuberculosis, cancer, diabetes or any of the diseases which in later life may become fatal. It determines also the vitality of the subject enabling the physician to accurately determine the condition of any of the vital organs."

We learn in closing that memberships in the "society" are "graduated from $1.00 upwards according to the ability and disposition of those who may be interested."

Located at 77 Seventh Avenue, from which the press-agent material of the "Medical News Bureau" is sent, is the "Basic Chemical Corporation of America." According to such information as we have been able to get, the president of this concern is F. W. Humphreys, the "student of chemistry and science who has devoted years to the study of the cause of cancer and the discovery of methods of relief." We are informed that Mr. Humphreys was for a while in the employ of a "chemical company" of Philadelphia, and has been in the photographic line down in Virginia and was later connected with a real estate concern in Brooklyn. Another officer of the Basic Chemical Corporation is said to have been in the grocery line in a small village in Missouri, selling out and later coming to Brooklyn and entering the insurance business. Still another officer, it seems, was in the fish business. In addition to these three officers, there are two directors, one of whom is in the fancy grocery line, and the other is a local practicing physician whose name we find in the Propaganda department's testimonial file under Sanmetto and Arsenauro.

The Dr. Frederick Klein, who is described as the "eminent authority on urinology and the chemistry of cancer," is not a physician but claims a Ph.D. from Munich, Bavaria. Klein claims to have developed certain urinary tests. One of these, according to him, "indicates the body Vitality with great accuracy," another proves the presence of cancer, a third is the "syphilis test" and a fourth is the "pregnancy test." And these are not all!

Digitized by Google

Those who read the reports of the Council on Pharmacy and Chemistry may remember that Frederick Klein is the gentleman who made "Sulfo-Selene," which the Council, in refusing it recognition, described as a "mixture containing a selenium compound of undetermined composition produced by reduction of nitro-selenous acid with sulphurous acid, mixed with bile salts and diluents." Sulfo-Selene was widely exploited in the newspapers in 1916 as a remedy for cancer, and Klein got a good deal of publicity at that time.

Just what product the Basic Chemical Corporation of America is putting, or is about to put, on the market we do not know. From the rather vague talk about selenium and Frederick Klein's marvelous diagnostic discoveries, it might be inferred that "Sulfo-Selene" was to be resurrected Be that as it may, it seems fairly obvious that the material being sent out by D. E. Woolley—whether as "Manager" of the "Medical News Bureau" or as "Secretary" of the "Cosmopolitan Cancer Research Society"—is advertising matter in the guise of news.

"In this connection it is worth noting that the American Newspaper Publishers' Association, in a special bulletin issued in 1909, published a very complete list of press-agents and the interests these agents represented. This list contains the name of D. E. Woolley, who then was sending out press notices for the National Association of Piano Dealers of America. Is this the gentleman who is now acting as press-agent for the Basic Chemical Corporation of America? If it is, it may be that the slump in the piano trade has caused Mr. Woolley to turn from musical instruments to cancer cures.

THE SECOND ENGLISH-SPEAKING CONFERENCE ON INFANT WELFARE.

The Second English-Speaking Conference on Infant Welfare was held in London, England, last July, under the auspices of the National League for Health, Maternity, and Child Welfare, and was attended by approximately 600 delegates representing 26 English-speaking countries. The United States Public Health Service, the American Public Health Association, and the American Child Hygiene Association were represented by Dr. Taliaferro Clark, of the U. S. Public Health Service.

The conference was held during the celebration of the National Baby Week, 1921, in connection with which an interesting display of the latest exhibits and posters relating to the welfare of mothers and babies had been prepared. This exhibit and also daily demonstrations on the care of the baby and free consultations and advice on the health of mothers and young children were available to visiting delegates. In addition, throughout the period of the conference, a large number of infant-welfare centers, resident institutions for mothers and babies, day nurseries, and nursery schools were open for inspection by the visiting delegates under special arrangement.

Dr. Clark states, in his report of the conference, published in a recent issue of Public Health Reports:

"The writer brings away from this conference the general impression that the English-speaking people are deeply impressed with the necessity and importance of conserving maternal and infant life. The papers read at this conference showed a keen insight into the problems of maternal and child hygiene. The writer was also impressed by the fact that a number of the papers gave evidence that the British Government is much more liberal with appropriations for child health work than is the case in our own country, and that the co-ordination of the activities of volunteer associations with those of the official agencies is much closer than is generally the case with us. Finally, it must be noted the conference made clear that, fundamentally, the solution of the problems of child hygiene in other English-speaking countries is the same as in America. The essential principles of child and maternal health conservation are equally well understood by all, but the practical application of this knowledge can never be wholly the same in England as in the United States, due to the necessity of different angles of approach. However, the calling into conference of representatives from far-distant countries for the purpose of exchanging views can not help but be fruitful of good results. The earnest men and women responsible for the organization and conduct of the conference deserve the heartfelt thanks of those who are interested in the welfare of the future men and women of their respective countries."

Digitized by Google

INTERESTING CASES FROM THE RECORDS OF THE DEPARTMENT OF HEALTH.

Septic Process Complicating Case of Pulmonary Tuberculosis.

Mrs. J. D. L., housewife, age 40, mother of five children, the youngest four years, admitted to the Municipal Sanatorium, June 2nd, 1921, with a history of frequent colds, coughs for the past six months. Case was diagnosed pulmonary tuberculosis three months previous to admission.

Physical examination showed a poorly nourished individual, with definite signs of infiltration of left apex, extending well into the upper lobe, and of infiltration of right apex; pleuritis, left base. These findings were confirmed by fluoroscopy. Abdomen negative. Urine negative. Sputum, positive. Wassermann, negative. Temperature range, 96.4 to 100 deg. F., until onset of acute illness, July 31st. Pulse rate, 76 to 110. Respiration, 24 to 28. Admission weight, 103½ pounds.

In the morning of July 31st, patient complained of an unusual pain in the abdomen, not very severe, no tenderness or rigidity. At the same time she said, through an interpreter, that she had not menstruated in two months, and wondered if she were pregnant. Bowels were regular. A mild cathartic of compound licorice powder was ordered. At noon temperature was 101.2, pulse, 108, respiration, 28. That night she had severe diffuse abdominal pain, bowels moved four times, and she seemed much prostrated. Seen at 9.30 p. m., condition was very good, except for nervousness; strychnine, sulphate, gr. 1/30, given. At 2 a. m., patient was reported very ill, had almost imperceptible pulse, abdominal pain, was very pale and complaining of dryness of mouth and throat. After ¼ grain morphine, and ice-bag to abdomen, she was very comfortable, throughout the day, complaining only of a little pain in the lower right abdomen, and some increase in cough; temperature 101.2 to 102.

On August 3rd, patient was comfortable, save for temperature and the appearance of the menstrual flow.

On August 4th, at 4 p. m., the temperature rose to 103 F., pulse, 120, respiration, 28. Cough was troublesome. Examination of chest showed considerable moisture throughout left upper lobe. There was localized tenderness in the right lower abdomen, and a well defined mass was palpable, and tender.

On August 5th, leucocyte count was 15300 (polymorphonuclears, 70 per cent.). Highest temperature 102 F., pulse, 112, respiration, 24.

August 6th, patient was much improved in feeling and general appearance, only slight tenderness in abdomen. Highest temperature 100.4 F., pulse, 112, respiration, 22.

The next three days were uneventful. As the patient wished to return home, and it seemed advisable to have her where surgical attention could be promptly given, if necessary, she was discharged, August 10th. At this time, the physical signs in the chest were improved. Temperature normal. The mass was still palpable in the abdomen, but smaller and not tender. She had no pain. The menstrual period was apparently normal, at no time did it suggest an abortion. Appetite and digestion normal.

Diagnosis.

An increase in activity in the pulmonary lesion is frequently very confusing in the differential diagnosis of conditions arising in tuberculous patients. At first, the possibility of tubal pregnancy, with internal hemorrhage, was considered. Then appendicitis with possible abscess or pelvic abscess. The symptoms probably were due to an inflammatory process in the lower right abdomen of undeter-

Digitized by Google

mined origin, which did not advance to suppuration, accompanied by an increase in activity in the pulmonary lesion.

SCARLET FEVER IN NEW YORK CITY.

Third Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	68	39	49	25	2	183
	1921	243	65	167	87	15	577
Deaths reported	1920	18	3	8	2	1	32
	1921	7	4	4	1	..	16
Case fatality	1920	.26	.08	.16	.08	.50	.17
	1921	.03	.06	.02	.01	..	.03
Cases per 1,000 of population ..	1920	.12	.21	.09	.21	.07	.13
	1921	.42	.33	.32	.69	.49	.40
Deaths per 1,000 of population ..	1920	.03	.02	.01	.02	.03	.02
	1921	.01	.02	.008	.008	..	.01

MEASLES IN NEW YORK CITY.

Third Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	263	41	158	71	38	571
	1921	557	70	132	26	27	812
Deaths reported	1920	11	0	11	2	0	24
	1921	17	1	2*	..	..	20
Cases per 1,000 of population ..	1920	.46	.22	.31	.59	1.28	.40
	1921	.97	.36	.25	.21	.88	.56
Deaths per 1,000 of population ..	1920	.03	..	.02	.02	..	.02
	1921	.03	.005	.004	..	..	.01
Case fatality	1920	.04	..	.06	.02	..	.04
	1921	.03	.01	.02	..	..	.02

MORTALITY BULLETIN FOR THE WEEK ENDING OCT. 29, 1921.

The same comment as was made on the mortality returns of the previous week can be justly made on those of the week just ended. The number of deaths reported was 1,177 as compared with 1,082 in the corresponding week of 1920, an increase of 95 deaths. This increase resulted from the advance in the mortality among adults and old people, there having been 55 more deaths among adults and 52 more deaths among persons 65 years of age and over.

Contrasted with the above is the decrease in the mortality among children under 5 years of age, there having been 12 fewer deaths reported. Naturally, we expect a decrease in the mortality from infectious and contagious diseases, and this is true of scarlet fever and diphtheria and croup which showed a slightly decreased mortality. Measles, whooping cough and typhoid fever showed exactly the same mortality as in the corresponding week of 1920. On the other hand the diseases that affect the aged showed a considerably increased mortality. Cancer, organic diseases of the heart, Bright's disease, lobar pneumonia, were among the most prominent causes showing higher death rates. Pulmonary tuberculosis showed a decrease of 9 deaths; violence a decrease of 10 deaths.

The death rate for the first 44 weeks of the year was 11.23 per 1,000 of the population as compared with a rate of 13.26 in the corresponding period of 1920, a decrease of almost two points in the rate.

From January 1st to date 74 infants under one year of age died out of every 1000 born as compared with 88 deaths at this age group in the corresponding period of 1920, a decrease of 14 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City

ENCEPHALITIS.—Hunt, J. R. Symptoms and syndromes in encephalitis. (Am. J. Med. Sc., Oct., 1921. pp. 481-498.)

FOOD PRESERVATION.—Wolff, E. M. History of food preservation. (Am. Food Journal, Oct., 1921. pp. 33-34.)

HEALTH CENTERS.—Ermold, K. D. A health center in a city hospital [City Hospital, Blackwell's Island]. (Mother and Child, Oct., 1921. pp. 448-449.)

HEALTH EDUCATION.—U. A. Education. Bureau of. Suggestions for a program for health teaching in the elementary schools, by L. Mace Andress and Mabel C. Bragg. 1921. 107 p., illus. (Health education No. 10.) 614Un3su

INFANT FEEDING.—Levy, Julius. Feeding of infants and children. (Arch. Pediat., Sept., 1921. pp. 595-602.)

INFANT MORTALITY.—Delfield, T. J. Infant mortality rates for Paris. (Am. J. Pub. Health, Oct., 1921. pp. 905-907, tables.)

MALNUTRITION.—Chadwick, H. D. Malnutrition and its relation to tuberculosis. (Am. Rev. Tuberc., Oct., 1921. pp. 674-677).

MALNUTRITION.—Pelton, F. H. The use of exercise in the treatment of malnutrition in children. (Hospital Social Service, Oct., 1921. pp. 231-234.)

NURSING.—Dublin, L. I. Records of public health nursing and their service in case administration and research. (Public Health Nurse, Aug.-Sept.-Oct., 1921. pp. 385-392; 451-463; 518-531, charts.)

POLIOMYELITIS.—Thomas, H. B. Poliomyelitis: the orthopedic treatment. (Public Health Nurse, Oct., 1921. pp. 534-537.)

SKIN DISEASES.—Sutton, R. L. Diseases of the skin. 4th ed., rev. and enl. 1921. 1132 p., illus. 616.55Su

SYPHILIS.—Shaffer, L. W. Four centuries of the treatment of syphilis. (U. S. Nav. M. Bull., Oct., 1921. pp. 749-762.)

TUBERCULOSIS.—Barnes, H. L. Tuberculosis of husband and wife. (Am. Rev. Tuberc., Oct., 1921. pp. 670-673)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks.

	Aug. 16	Aug 13	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct 22	Oct 29
Total deaths	1107	1043	1086	1056	1124	1059	967	959	1044	996	1019	1211	1177
Annual Death Rate	10.04	9.46	9.85	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10 68
*Acute Infectious Diseases	21	22	31	21	23	24	16	17	16	16	21	32	31
Pul. Tuberculosis..	67	67	103	96	94	83	91	76	80	75	81	91	44
Influenza	3	1	1	..	3	1	3	3	5	6	5	4	7
Lobar Pneumonia.	24	23	21	22	38	34	18	27	35	37	43	45	56
Broncho Pneum...	36	38	26	26	46	36	35	23	30	28	30	38	44
**Violent Deaths ...	93	70	64	77	71	87	69	70	65	60	68	71	68
Deaths under 1 year.	228	210	216	199	210	177	151	180	187	159	154	164	161
Rates per 1,000 births	89.9	82.7	85.0	78.4	82 5	69.6	59.2	70.6	73.3	62.3	60.3	64.1	62 9
Deaths under 5 years	315	280	289	262	283	248	216	229	242	211	208	227	225
" 5-65 years ..	566	547	584	566	603	606	546	546	575	568	559	688	651
" 65 years and over	226	216	213	228	238	205	205	184	227	217	252	296	301

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	200	244	198	265	232	190	302	287	278	174	235	279	256
Diphtheria	100	115	102	77	99	116	111	109	121	132	113	184	193
Measles	79	59	68	26	47	40	29	25	21	33	33	41	57
Scarlet Fever	28	33	40	35	30	36	46	54	69	52	63	97	136
Chickenpox	9	14	13	7	8	8	18	16	15	16	23	26	44
Influenza	8	17	6	2	5	4	11	4	14	20	21	29	42
Pneumonias	164	120	135	98	142	127	148	131	191	142	166	209	276
Typhoid Fever	17	28	41	66	70	58	70	56	33	24	34	19	22
Whooping Cough ...	120	135	102	105	126	78	108	84	104	70	58	65	69
Syphilis	191	239	237	222	230	219	444	355	355	289	230	205	276
Gonorrhoea	40	65	111	86	55	155	238	104	131	137	134	167	199
Poliomyelitis	28	24	10	22	39	26	61	69	55	53	34	43	19
Cerebro-spinal Meningiti	4	7	11	8	4	4	9	4	8	2	4	6	6
Total	983	1100	1074	1019	1087	1051	1590	1298	1445	1129	1148	1389	1418

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 29, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	484	522	508	1031	281	50	11 07	11 96	11.64
The Bronx	732,016	778,528	126	124	123	260	34	18	8.79	8.31	8.24
Brooklyn	2,022,262	2,077,674	357	399	422	903	279	37	9.14	10.02	10.60
Queens	466,811	497,627	84	93	92	170	36	8	9.16	9.75	9.65
Richmond	115,959	121,252	31	39	32	49	22	1	13.69	16.78	13.77
Total	5,621,151	5,751,859	1082	1177	1177	2413	652	109	9.97	10.68	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-four weeks of this year there were 54,440 deaths, a rate of 11.23 per 1,000 population. During the corresponding weeks of last year there were 63,334 deaths, a rate of 13.26 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	5	30	..	2	2	23	22	18	17	10	4	31	71	98	316	108
The Bronx	1	13	..	..	1	5	4	1	1	1	1	6	16	16	78	30
Brooklyn	8	14	..	4	4	26	15	17	17	5	3	18	63	93	192	114
Queens	1	18	1	1	2	3	1	3	3	..	..	3	7	12	52	29
Richmond	2	9	..	..	1	1	2	3	3	..	..	2	4	9	19	11
Total	17	84	1	7	10	58	44	42	41	16	8	60	161	228	657	292

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	67	62 0	12	11.1	7	7	94	21 3	15	3.4	4	.9
The Bronx	18	61 8	2	6.9	..	1	18	11 2	2	1.2	1	.6
Brooklyn	64	67.3	11	11.6	2	8	94	21 0	18	4 0	7	1 6
Queens	8	44 0	2	11.0	..	2	18	12 2	3	2 8	..	..
Richmond	4	74 7	2	37.3	..	2	9	37 8	3	12.6	1	4.2
City of New York.	161	62.9	29	11.3	9	20	228	19 3	41	3.5	13	1.1

During the first forty-four weeks of this year 8,280 infants died, a rate of 74. per 1,000 births. During the corresponding weeks of last year 9,921 died, a rate of 88. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave Hospital: Scarlet Fever	Kingston Ave Hospital: Diphtheria	Kingston Ave Hospital: Measles	Kingston Ave Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanator	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 10-22-'21	34	62	4	20	17	36	..	20	4	5	..	4	..	..	..	22	..	528	100	856
Admitted	7	25	..	6	6	12	..	4	4	2	..	3	..	..	..	..	..	21	10	100
Discharged	8	14	1	8	..	4	..	3	..	1	..	2	..	..	..	2	..	11	2	56
Died	1	1	..	..	..	5	..	2	..	..	..	..	..	..	..	..	..	..	..	9
Rem'g 10-29-'21	32	72	3	18	23	39	..	19	8	6	..	5	..	..	..	20	..	538	108	891
Total treated	41	87	4	26	23	48	..	24	8	7	..	7	..	..	..	22	..	549	110	956

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1177	1,082	649	528	161	85	32	228	54	47	218	338	292
1. Typhoid Fever	2	2	1	1	..	..	..	..	1	1		..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	1	1	1	..	1	..	..	1	..	..	..	..	..
6. Scarlet Fever	2	4	1	1	..	1	1	2	..	..	..	..	..
7. Whooping Cough	4	4	3	1	1	2	1	4	..	..	..	.	..
8. Diphtheria	10	14	4	6	..	2	4	6	3	..	1		..
9. Influenza	7	6	6	1	1	..	1	2		1	2	2	..
Poliomyelitis	3	..	1	2	..	..	1	1	2	..	..	..	..
12. Other Epidemic Diseases	3	4	1	2	..	..	..	..	..	..	1	1	1
13. Pulmonary Tuberculosis	84	98	49	35	..	..	..	..	3	8	41	28	4
14. Tbc. Meningitis	3	5	3		1	..	..	1	2		..		
15. Other forms Tbc.	10	12	4	6	1	..	..	1	1	5	..	3	
16. Cancer, Malignant Tumor	108	99	44	59	..	..	1	1	..	1	17	57	27
17. Simple Meningitis	3	9	1	2	..	..	1	1	..	..	2	..	..
17a. Cerebro-spinal Meningitis	1	2	1	..	..	..	..	..	..	1	..	..	
18. Apoplexy, Softening of the Brain	18	21	12	6	..	..	..	..	..	..	3	12	3
19. Organic Heart Diseases	234	170	109	125	1	..	..	1	11	3	25	87	107
20. Acute Bronchitis	10	5	6	4	2	3	2	7	..	..	2	..	1
21. Chronic Bronchitis	2	1	2	..	..	..	..	..	..	..	1	1	..
22. Lobar Pneumonia	58	44	35	23	8	6	4	18	2	4	14	8	12
22a. Broncho Pneumonia	44	46	26	18	15	6	4	25	..	1	2	6	10
23. Other Respiratory Diseases	7	2	2	5	1	1	..	2	..	..	2	2	1
24. Diseases of the Stomach (Cancer excepted)	10	14	8	2	..	..	..	..	..	..	3	7	..
25. Diarrhoeal Diseases (under 5 years)	41	43	28	13	29	10	2	41	..	..	..	..	..
26. Appendicitis and Typhilitis	16	11	9	7	..	..	1	1	5	1	5	3	1
27. Hernia, Intestinal Obstruction	9	14	6	3	2	..	..	2	..	1	..	3	3
28. Cirrhosis of Liver	6	4	4	2	..	..	..	..	..	..	2	2	2
29. Bright's Disease and Nephritis	79	72	40	39	1	..	1	2	..	2	14	31	30
30. Diseases of Women (not Cancer)	1	7	..	1	..	..	..	..	..	..	1	..	..
31. Puerperal Septicaemia	1	1	..	1	..	..	..	..	..	..	1	..	
32. Other Puerperal Diseases	10	10	..	10	..	..	..	..	..		10	..	
33. Congenital Debility, and Malformations	78	67	50	28	74	2	1	77	1	..			..
34. Old Age	5	3	1	4	..	..	..	..	..	..		..	5
35. Violent Deaths	68	80	58	10	1	..	3	4	11	11	18	18	6
a. Sunstroke	..	..	..	..	..	..	..		..	..	..	..	
b. Other Accidents	60	74	51	9	1	..	3	4	10	11	11	15	6
c. Homicide	8	6	7	1	..	..	..	..	1	.	7	..	
36. Suicide	16	14	11	5	..	..	..	..	..	1	9	4	1
*37. All other causes	219	200	115	104	22	2	2	24	11	6	38	65	53
38. Ill-defined causes	9	..	7	2	..	2	2	4	1	..	4	..	

Deaths in Institutions,	483	Mean temperature,	51.1 deg. Fah.
Mean barometer,	30.05	Maximum temperature,	65.0 deg. Fah.
Mean humidity,	64.0	Minimum temperature,	35.0 deg. Fah.
Precipitation,	—		

†If the deaths under one month, numbering 81 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 6, Diabetes 31, Alcoholism 1, Locomotor Ataxia 3, Paresis 4, Arterio-sclerosis 65, all other congenital causes 15.

Digitized by Google

SPECIAL HEALTH EXPOSITION NUMBER

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

● Published weekly by the Department of Health, City of New York, 305 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. NOVEMBER 12, 1921. No. 46.

THE PUBLIC HEALTH EXPOSITION, GRAND CENTRAL PALACE, NOVEMBER 14-19.

The Exhibit of the Department of Health.

The following program is printed for the information of physicians and others especially interested in the work of the Department of Health. It is regretted that the size of the Bulletin does not permit mention of the many other extremely interesting features of the Exposition. The Commissioner especially requests all physicians of the city to co-operate by urging their friends and patients to visit the Exposition, and hopes that even the busiest practitioner will find time to drop in.

Tuesday, November 15th, will be "Public Health Day," when Dr. Stephen Smith, the "Father of Public Health," will be the guest of honor.

An admission charge of 30 cents will be made, but every school child will be given a free ticket, but each in visiting the exposition must be accompanied by an adult with a paid ticket. It is expected there will be at least 500,000 paid admissions. All profits from the sale of tickets will be devoted to public health work.

The Exposition will be open from 11 a. m. to 11 p. m.

Exhibit of the Bureau of Records.

The exhibition of the Bureau of Records will consist of three parts:

(1) Statistical Exhibit.—Seventeen large size charts have been prepared, variously colored, 14 of which show the results, by comparative death rates, of the efforts of the Department of Health to prevent disease. Three charts show the death rates from cancer, organic heart diseases, and Bright's disease—three causes of death that the Department of Health has not, as yet, directed its energies against. The charts of cancer and organic heart diseases show a considerably increased mortality as compared with the early years.

The diseases shown in the charts are: Typhoid fever, measles, scarlet fever, diphtheria, smallpox, malarial fever, cancer, whooping-cough, diarrhoeal diseases, pulmonary tuberculosis, influenza, acute respiratory diseases, organic heart diseases, Bright's and nephritis. One chart shows the death rate of children under

Digitized by Google

five years of age, for 44 years. One chart shows the infant mortality rate for 20 years. One chart shows the crude death rate of the City for 53 years.

(2) Searches and Transcripts.—A photostat machine will be on exhibition showing the method of issuing photographic copies of the records of births, deaths and marriages. Photographic copies of sample certificates will be made, and distributed to persons interested.

(3) Electric Sorting and Counting Machine.—This machine shows the methods whereby the reports of births and deaths occurring in the City are converted into statistical tables.

Exhibit of the Sanitary Bureau.

The exhibit of the Sanitary Bureau will consist of the following:

A clinical thermometer testing outfit, in which clinical thermometers will be tested for those presenting them, and corrections applying to the thermometers set forth on a certificate.

A cage of live rats, and illustrations of the best methods for getting rid of them, such as traps, poisoned bait, and poison-gas fumigation. A model of a steamship moored to an old fashioned dock, with proper rat guards on the mooring lines and a breasting pile to keep the ship out from the dock. A life size model of a man with the cyanide fumigator's equipment: mask, gloves, pails of water, sulphuric acid, and sodium cyanide.

A life size model of an emigrant being examined by a doctor, and a life size model of an inspector examining the baggage of an immigrant.

Bottles of fleas, cooties, bedbugs and roaches. Materials for getting rid of these vermin: napthalene, poison-gas, borax and other poisons.

Flies developing in manure, and manure treated with borax to prevent fly breeding. Fly traps, and fly-poisons. A "swat-the-fly" machine, intended to amuse and instruct.

Mosquitoes developing in an aquarium. A reproduction of a salt water marsh with ditches and drained and undrained holes with actual mosquitoes developing therein. A miniature house with a roof tank covered and one uncovered, the latter breeding mosquitoes. Rain barrels in which mosquitoes breed. Life size model of a man equipped with mosquito fighting outfit. Aquarium of killies, to show how they clean up a pond of mosquitoes.

Home made types of bubble fountains, including the type used by the Department of Education.

Paper cups, paper towels, individual towel rack, air dry (towel) apparatus.

Model of a well showing how the water may be polluted. Bottles for collecting samples of well water, etc.

A globe of the world, with streamers denoting different diseases leading to New York City, but stopped by a concrete wall—the Department of Health.

A swimming pool, with a pump, filter, heater, and chlorinator for re-circulating and treating the water.

Model of a cigar, showing arrests in the subway for smoking.

Model of a cuspidor, showing arrests for spitting.

Photographs of different activities.

Exhibit of the Bureau of Child Hygiene.

(1) Reproduction, so far as possible, of the various functions of the Bureau of Child Hygiene: (a) A model Baby Health Station. (b) Nutrition Clinic. (c) Dental Hygiene Clinic. (d) Schick Clinic, in co-operation with Bureau of Laboratories.

(2) Models showing certain phases of healthy child life.

(3) Stereo-motorgraph views of child hygiene activities.

(4) Educational Health Games: (a) Game of Health. (b) Wheel of Health

Digitized by Google

(5) Miscellaneous exhibits, which will help arouse the children to good health and food habits.

(6) Charts, showing results accomplished in reduction of infant mortality.

(7) Table for the distribution of appropriate literature, tags, health insurance policies, souvenirs, etc.

(8) Playlet on health, by school children.

Exhibit of the Bureau of Preventable Diseases.

The Bureau of Preventable Diseases will stage a typical scene in a tenement house, showing the father, affected with pulmonary tuberculosis in an advanced stage, in bed, while, in the same room, a child, who has developed scarlet fever, has to be cared for. (The insanitary and wretched condition of the premises, as represented, are such as we find them on frequent occasions.) In an adjoining room, a contrasting picture will be shown of the appearance of the same after the constructive, educational, and friendly efforts of our nurses. The tuberculosis case has been persuaded to enter an institution. The child, ill with scarlet fever, has been removed to our contagious disease hospital. The premises have been cleaned up, and rearranged; financial aid has been obtained through the social service agencies. Generally, a picture of cleanliness and healthful conditions in the same living quarters is presented. The landlord has been persuaded—force being used when persuasion does not help—to paint and renovate the room.

The third room, which the Bureau contributes to the exhibit, will be a clinic room, showing a nurse, in charge of registration and history-taking, seated at the entrance and ready to receive requests for information. Visitors may be examined, as to the presence of tuberculosis or venereal disease. Males and females will be sent into separate compartments, where they will be examined, told whether or not they need special care, and referred to private physicians, if they can afford to pay, or to suitable clinics.

The exhibit will show the proper and improper muzzling of dogs, and bring home to people a fact not familiar, that the virtual elimination of hydrophobia in the community is not the result of accident, but of vigilance in enforcing the muzzling of dogs.

If space permits, the Bureau of Preventable Diseases proposes to arrange an extra cubicle, in which, after the fashion of Coney Island, a number of gruesome faces will be shown, projecting through openings in a sheet—the faces representing various contagious diseases. Children will be invited to throw balls, labeled "cleanliness," "vaccination," "anti-spitting campaign," etc., to knock down and put the respective diseases. If this exhibit is staged, it is planned to give every child that throws down one of these diseases a souvenir pencil.

There will be a table holding literature for distribution with reference to venereal diseases. If persons desire to have their blood tested, and if sufficient basis for such test is found to exist by the medical officer on service at the exhibit, blood will be drawn for the purpose of the Wassermann test, reports being mailed to the family physician of such individuals.

Placards will be exhibited showing the chief functions of the Bureau, and explaining its work.

Exhibit of the Bureau of Hospitals.

(1) Hospital organization chart showing the number of employees, capacity of institutions, and the character of patients treated.

(2) Organization of colony for the care and treatment of drug addiction, with an illuminated model of North Brother Island, and explanatory charts.

(3) A model of a Byzantine garden made by the tuberculosis patients at North Brother Island, as an example of occupational therapy in the treatment of tuberculosis.

Digitized by Google

(4) A completely equipped hospital isolation room, in connection with the exhibit to be made by the Bureau of Preventable Diseases.

(5) A completely equipped ambulance for the transportation of contagious diseases from homes to hospitals.

(6) Floor model of a delousing station.

(7) Wall photographs, charts, and forms depicting the building and work of the Bureau of Hospitals.

Exhibit of the Bureau of Laboratories.

The Bureau of Laboratories will exhibit the actual operations of its different divisions.

The Division of Diagnosis will show the different stages of culture collection, for the microscopic diagnosis of diphtheria, as well as how the diagnosis is made. It will, in the same way, show how we make the diagnosis of tuberculosis, typhoid fever, malaria, and other diseases caused by micro-organisms. It will show a serologic laboratory at work in diagnosing syphilis, gonorrhoea, tuberculosis, and other diseases in connection with which serologic tests are useful. This Division, in connection with the Divisions of Production and Applied Therapy, and the Bureaus of Preventable Diseases and Child Hygiene, will demonstrate the Schick test and toxin-antitoxin immunization against diphtheria. Also, with the aid of the Division of Special Investigation, it will show what researches we are conductng in poliomyelitis, encephalitis lethargica, influenza, measles, scarlet fever, etc.

The Division of Microbal Sanitary Examinations will show a milk laboratory at work, and also show operations in the bacterial examination of water, shell fish, and other food, for different types of food-poison organisms.

The Division of Production will show how we concentrate and purify our antitoxin, and how we produce other serums, with all of the operations involved, up to the final boxing. It will also show how bacterial and virus vaccines are made.

The Division of Applied Therapy will show, by lectures and lantern slides, the work it is carrying on, in spinal canal puncture and intraspinous inoculations of serum in cases of meningitis and tetanus.

Exhibit of the Bureau of Food and Drugs.

At the Exhibit, the following activities of the Bureau of Food and Drugs will be featured:

The magnitude of the supervision of the City's milk supply will be shown by having a large milk bottle, 16 by 9 feet, which will show that it would take 1,440 of such bottles to hold New York City's daily supply. Inside this milk bottle we will have chemists making tests of milk.

Specimens of the various unusual foods sold in the City will be shown.

The ingredients of ice cream before the present standards were adopted, and afterwards, will be shown by contrast.

A special exhibit will show the various procedures of the Bureau, when we condemn food and institute prosecution, and also what investigation is made before permits are issued.

A display of false and misleading claims made for patent medicines sold in the City will be shown.

Demonstrations will be made of the inspection of foods, and specimens of unwholesome foods will be shown.

The magnitude of the supervision of the City's food supply will be illustrated.

Exhibit of the Bureau of Public Health Education.

A supply of pamphlets describing the work of the Department of Health, "Functions of the Department of Health," will be on hand to distribute.

Digitized by Google

Also booklets and circulars on the prevention of disease, and the promotion of good health.

Current issues of the "Weekly Bulletin," "Monthly Bulletin," "Food and Drug Bulletin," "School Health News," will be circulated among visitors specially interested.

Six stereomotorgraphs, each showing 52 slides (renewed daily) will graphically illustrate various phases of public health work.

Exhibit of the Division of Industrial Hygiene.

Anthrax prevention in industry will be shown with a model of a skeleton, lighted with a blinker, behind a book labeled "The Record." In the book are two photographs of cases of human anthrax, with a report of the cases and causes, as determined upon investigation. A miniature coffin contains a shaving brush made of horse hair—such anthrax infected articles having been the cause in over 80 per cent of the cases.

The influence of industrial conditions upon health is shown by charts, and a green "health-line," to which attention will be attracted by the firing of a miniature cannon.

A completely equipped first-aid room will be maintained, and a clinic at which visitors may be physically examined will be operated.

VITAL STATISTICS FROM JANUARY 1ST TO DATE, AND ALSO FOR THE WEEK ENDING NOVEMBER 5TH, 1921.

The City of New York is to be congratulated on the phenomenally low death rate which has prevailed for the first ten months of this year. Never since the earliest years of which we have record has the City enjoyed such excellent health as reflected in the low mortality rate. When we consider that the death rate during the first ten years of the administration of the Board of Health was over 27 per 1,000 and then be able to claim that the death rate during this year will be slightly over 11 per 1,000 of the population, a full realization of the work done by this Department may be had.

Again, 50 years ago the death rate from typhoid fever was 40 per 100,000 of the population; today it is 2 per 100,000, a reduction of 95 per cent. The diphtheria death rate has been reduced from 154 to 18; scarlet fever from 91 to 4; whooping cough from 37 to 11; pulmonary tuberculosis from 376 to 109; diarrhoeal diseases under five years of age, from 348 to 48 per 100,000 of the population. It will be evident that the war against diseases has been carried on successfully during all these years. Infant mortality which twenty years ago was represented by 173 deaths out of every 1,000 children born, now hovers around 75 deaths calculated on 1,000 births.

During the week just closed there were 1,181 deaths and a rate of 10.71 per 1,000 of the population, as compared with 1,114 and a rate of 10.26, an increase in the absolute number of deaths of 67 and the relative number of deaths of 50. For the first time in many weeks there has been a slight increase in the infant mortality, there having been 161 deaths reported, as compared with 157. At ages 5 to 65 years there was an increase of 32 deaths, and at 65 years of age and over an increase of 24 deaths. There was also a slight increase of 7 deaths at ages between 1 and 5 years, due to an increased mortality from scarlet fever and diphtheria.

The death rate for the first 45 weeks of the year was 11.21, as compared with 13.19 in the corresponding period of 1920. From January 1st to November 5th, 73 infants died under one year of age out of every 1,000 children born, as compared with 88 deaths out of every 1,000 born during the corresponding period of 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street.

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City

CANCER.—Bloodgood, J. C. Cancer of the tongue; a preventable disease. (A. M. A. Jour., Oct. 29, 1921. pp. 1381-1387, illus.)

DRIED MILK.—Scurfield, Harold. Dried milk; pros and cons. (The Child, Oct., 1921, pp. 13-16.)

DISINFECTION.—Wynne, F. E. An invention revolutionizing the practice of disinfection. (Med. Officer, Oct. 8, 1921. pp. 157-159, illus.)

FOOD POISONING.—Savage, W. G. Bacterial food poisoning; where two professions meet. (Med. Officer, Oct. 15, 1921. pp. 167-168.)

INFANT MORTALITY.—Pearl, Raymond. Biometric data on infant mortality in the United States birth registration area, 1915-1918. (Am. J. Hyg., July, 1921. pp. 419-438, tables.)

INFANT WELFARE.—Clark, T. W. Cutting down death toll among Utica's babies. (Mother and Child, Oct., 1921. pp. 458-463, tables.)

INFECTIOUS DISEASES.—Meara, F. S. The treatment of infectious diseases. 2nd ed., rev. Macmillan. 1921. 806 p. 614.91M46

INSURANCE, HEALTH.—Cox, Alfred. Does the medical profession wish the national health insurance system to continue? (Brit. Med. Jour., Oct. 5, 1921. pp. 135-139.)

RADIUM.—Field, C. E. Radium and research—a protest. (Med. Rec., Oct. 29, 1921. pp. 764-765.)

TUBERCULOSIS.—Jacobs, P. P. Community aspects of the tuberculosis problem. (Pub. Health Nurse, June, Oct., 1921. pp. 273-278; 502-505.)

TUBERCULOSIS.—Whitney, J. S. Suggestions for making a tuberculosis survey. (Pub. Health Nurse, Oct., 1921. pp. 497-501, charts.)

WASSERMANN REACTION.—St. John, J. H. The Wassermann reaction in malaria. (Am. J. Trop. Med., Sept., 1921. pp. 319-329, tables.)

VITAL STATISTICS—CITY OF NEW YORK.

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks

	Aug. 18	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5
Total deaths	1048	1086	1056	1124	1059	967	959	1044	996	1019	1211	1177	1181
Annual Death Rate	9.46	9.85	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10 68	10.71
*Acute Infectious Diseases	22	31	21	23	24	16	17	16	16	21	32	20	37
Pul. Tuberculosis	67	108	96	94	88	91	76	80	75	81	91	84	99
Influenza	1	1	..	3	1	3	3	5	6	5	4	7	8
Lobar Pneumonia	23	21	22	38	34	18	27	35	37	43	45	58	61
Broncho Pneum.	38	26	26	46	36	35	28	30	28	30	38	44	56
**Violent Deaths	70	64	77	71	87	69	70	65	60	68	71	68	62
Deaths under 1 year.	210	216	199	210	177	151	180	187	159	154	164	161	161
Rates per 1,000 births	82.7	85.0	78.4	82 5	69.6	59.2	70.6	73.8	62.8	60.8	64.1	62.9	62.8
Deaths under 5 years	280	289	262	283	248	216	229	242	211	208	227	228	235
" 5-65 years	547	584	566	603	606	546	546	575	568	559	688	657	665
" 65 years and over	216	213	228	238	205	205	184	227	217	252	296	292	280

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	244	198	265	232	190	302	287	278	174	235	279	258	269
Diphtheria	115	102	77	99	116	111	109	121	132	113	184	195	208
Measles	59	68	26	47	40	29	25	21	33	33	41	57	68
Scarlet Fever	38	40	35	30	36	46	54	69	52	53	97	135	146
Chickenpox	14	13	7	8	3	18	16	15	16	23	26	44	64
Influenza	17	6	2	5	4	11	4	14	20	21	29	29	20
Pneumonias	120	135	98	142	127	148	131	191	142	166	209	235	227
Typhoid Fever	23	41	66	70	53	70	56	33	24	24	19	22	15
Whooping Cough	135	102	105	126	78	108	84	104	70	58	65	43	53
Syphilis	239	237	222	230	219	444	355	355	289	220	205	275	190
Gonorrhoea	65	111	86	55	155	238	104	181	137	134	167	99	161
Poliomyelitis	24	10	22	39	26	61	69	55	38	34	42	18	17
Cerebro-spinal Meningitis	7	11	8	4	4	9	4	8	2	4	6	5	7
Total	1100	1074	1019	1087	1051	1590	1298	1445	1129	1148	1369	1415	1452

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 5, 1921.

Boroughs	Population U.S. Census Jan. 1, 1920	Estimated Population July 1, 1921.	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	524	533	532	1028	876	56	11 98	12.21	12.29
The Bronx	732,016	778,528	115	113	102	293	267	14	8.08	7.57	6.84
Brooklyn	2,022,262	2,077,674	367	413	425	923	330	46	9.39	10.37	10.67
Queens	466,811	497,627	74	90	98	200	28	7	8.07	9.44	10.27
Richmond	115,959	121,252	34	32	24	43	12	2	15.02	13.77	10.33
Total	5,621,151	5,751,859	1114	1181	1181	2487	1513	125	10.26	10.71	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-five weeks of this year there were 55,621 deaths, a rate of 11.21 per 1,000 population. During the corresponding weeks of last year there were 64,448 deaths, a rate of 13.19 per 1,000 population.

Deaths by Principal Causes; and Ages.

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages.	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year.	Under 5 years.	5-65 years.	65 years and over.
Manhattan	12	36	3	3	3	22	29	19	17	7	1	25	90	124	283	128
The Bronx	4	23	..	1	1	7	6	3	3	1	1	5	7	11	73	29
Brooklyn	9	23	2	3	2	23	18	13	9	6	1	24	49	73	240	100
Queens	5	8	..	1	1	2	2	4	3	2	.	3	12	14	52	24
Richmond	..	9	..	..	..	2	1	..	..	..		2	3	4	17	11
Total	30	99	5	8	7	61	56	39	32	16	3	59	161	226	665	290

Corrected Mortality Among Children.

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births.	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases.	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Epidemic Diseases.	Under 5 Years of Age: Rate per 1,000 Living.
Manhattan	88	81 3	14	12 9	6	8	119	27 0	16	3.6	9	2.0
The Bronx	9	30 8	2	6.8	..	2	14	8 7	4	2.5	3	1.9
Brooklyn	42	50 4	4	4 2	3	1	74	16.6	9	2.0	6	1 3
Queens	13	71 3	3	16.5	1	2	15	14.1	3	2 8	2	1.9
Richmond	3	55 9	..	..		..	4	16 8	..	..	..	..
City of New York	161	62 8	23	9.0	10	13	226	19 2	32	2.7	20	1.7

During the first forty-five weeks of this year 8,441 infants died, a rate of 73. per 1,000 births. During the corresponding weeks of last year 10,078 died, a rate of 88. per 1,000 births.

...ase Cases in the Department of Health Hospitals.

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles.	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles.	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles.	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitorium	Riverside Hospital	Grand Total
Rem'g 10-29-'21.	32	72	3	18	23	39	..	19	8	6		5				20		538	108	891
Admitted	9	27	1	8	6	12	..	7	6	2		2	..	..	..	1	..	21	4	106
Discharged	4	14	2	5	3	11		4	..	3	..	2	..	..	..	..	.	11	2	61
Died	3	3		1	2	3		2	1	..	..	1	..	..	..	..	..		1	17
Rem'g 11-5-'21.	34	82	2	20	24	37		20	13	5		4	.	..	..	21	..	548	109	919
Total treated	41	99	4	26	29	51	..	26	14	8		7	..	.	.	21		559	112	997

Digitized by Google

Deaths According to Cause, Age and Sex.

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over.
All causes	1181	1,114	573	608	161	33	32	226	48	51	207	359	290
1. Typhoid Fever	2	4	1	1		..	..	..	..	..	2	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	..	..	2	1	..	1	2	..	..	..	..	..
6. Scarlet Fever	9	2	3	6	1	..	3	4	5	..	..	..	..
7. Whooping Cough	2	7	..	2	1	1		2	..	..	..		..
8. Diphtheria	17	6	9	8	4	3	5	12	5	..	..		.
9. Influenza	8	4	4	4	..	1	..	1	1	..	3	2	1
Poliomyelitis	6	1	3	3	..	1	2	3	2	..	1	..	..
12. Other Epidemic Diseases	2	2	2	..	..		..	..	..	..	1	1	..
13. Pulmonary Tuberculosis	99	104	57	42	2	..	1	3	..	19	43	28	6
14. Tbc. Meningitis	3	3	1	2	1	..	1	2	1	..	..	..	..
15. Other forms Tbc.	3	9	..	3	..	..	..	..	1	..	1	..	1
16. Cancer, Malignant Tumor	119	96	48	71	..	..	..	..	..	..	22	62	35
17. Simple Meningitis	2	5	..	2	1	..		1	..	..	1	..	..
17a. Cerebro-spinal Meningitis	5	3	5	..	..	2	1	3	1	..	..	1	..
18. Apoplexy, Softening of the Brain	14	11	7	7	..	..	..	..	..	..	4	3	7
19. Organic Heart Diseases	224	206	107	117	..	1	..	1	3	5	19	87	109
20. Acute Bronchitis	7	9	2	5	1	..	2	3	..	..	2	..	2
21. Chronic Bronchitis	1	4	1	..	1	..	..	1	..	..	..	..	..
22. Lobar Pneumonia	61	52	27	34	5	5	2	12	2	2	14	24	7
22a. Broncho Pneumonia	56	48	23	33	21	6	3	30	1	2	3	4	16
23. Other Respiratory Diseases	3	6	5	3	..	1	1	2	1	..	..	4	1
24. Diseases of the Stomach (Cancer excepted)	6	11	4	2	1	..	...	1	..	..	2	1	2
25. Diarrhoeal Diseases (under 5 years)	32	33	17	15	23	6	3	32	..	..	..	..	..
26. Appendicitis and Typhilitis	22	13	9	13	..	..	..	..	4	4	7	6	1
27. Hernia, Intestinal Obstruction	10	14	3	7	..	1	..	1	1	..	2	5	1
28. Cirrhosis of Liver	5	6	2	3	..	..	..	..	..	..	2	3	..
29. Bright's Disease and Nephritis	59	82	29	30	..	..	..	..	1	..	4	35	19
30. Diseases of Women (not Cancer)	5	10	..	5	..	..	..	..	..	1	4	..	.
31. Puerperal Septicaemia	3	3	..	3	..	..	..	..	..	1	2	..	.
32. Other Puerperal Diseases	16	5	..	16	..	..	..	..	..	3	13	..	
33. Congenital Debility, and Malformations	76	66	39	37	76	..	..	76	..	..		..	..
34. Old Age	7	4	1	6	..	..	..	..	..	..	..	..	7
35. Violent Deaths	62	75	34	28	3	..	2	5	11	5	15	15	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	59	65	34	25	3	..	2	5	11	4	13	15	11
c. Homicide	3	10	..	3	..	..	..	..	..	1	2	..	..
36. Suicide	16	12	14	2	..	..	..	..	..	2	7	7	..
*37. All other Causes	208	197	113	95	19	4	5	28	3	7	32	69	64
38. Ill-defined Causes	4	1	3	1	..	1	..	1	..	..	1	2	..

Deaths in Institutions,	531	Mean temperature,	50.4 deg. Fahr.
Mean barometer,	29.74	Maximum temperature,	64.0 deg. Fahr.
Mean humidity,	65.3	Minimum temperature,	36.0 deg. Fahr.
Precipitation,	.28		

†If the deaths under one month, numbering 78 from all causes, be deducted from the total deaths under one year, the resulting rate will be 32 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 4, Diabetes 26, Alcoholism 2, Locomotor Ataxia 2, Paresis 8, Arterio-sclerosis 53, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. NOVEMBER 19, 1921. No. 47.

REPORT OF CONTAGIOUS DISEASE WHEN THE DIAGNOSIS IS IN DOUBT.

It very frequently happens that physicians report cases of contagious disease on postal cards, with a question mark after the diagnosis given. The routine procedure in the Department of Health is to then send a Diagnostician to determine the nature of the case. Physicians can readily see that much unnecessary delay is caused by reporting cases in this way. Very often, by the time the Diagnostician reaches the case, the rash has faded, and with the meagre (often intentionally misleading) history given by the mother, the Diagnostician has no easy task before him. Should he permit the child to return to school and food-handlers in the family to continue to live in the apartment, or should he cause a healthy child to be confined to the home for four weeks, as he would did he decide to report it as a case of scarlet fever?

In diphtheria, often reported with a question mark, the diagnosis can be made by means of a culture, taken at the time the child is first seen by the attending physician, and which would be reported upon by the Department's laboratory before a Diagnostician could possibly reach the case. The rules of the Department require the Diagnostician to take a culture whenever he decides such a case not to be diphtheria, so, in this instance, his opinion based upon clinical observation is of little value. Further, a culture taken by him might be several days after an injection of antitoxin, which would materially reduce the probability of finding diphtheria bacilli in it.

In accordance with the above reasoning, all physicians who meet doubtful cases of diseases reportable to the Department of Health are urged to telephone a request for a Diagnostician's service, and not to rely upon a postal card or other written report.

MORAL QUALIFICATIONS TO PRACTICE MEDICINE.

A recent decision of the Supreme Court of Massachusetts, in the case of a physician who sought to have the court overrule the State Board's action in revoking his license is of interest, particularly in the comment upon moral qualifications. Chief Justice Rugg says:

> Soundness of moral fiber to insure the proper use of medical learning is as essential to the public health as is medical learning itself. . . . A physician, however skillful, who is guilty of deceit, malpractice or gross misconduct in the practice of his profession, even though not amounting to an offence against the criminal law may well be thought to be pernicious in relation to the health of the community.

Digitized by Google

NEW U. S. TREASURY RULING ON TREATMENT OF DRUG ADDICTION.

TREASURY DEPARTMENT
BUREAU OF INTERNAL REVENUE
OFFICE OF FEDERAL PROHIBITION COMMISSIONER
WASHINGTON, D. C.

October 19, 1921.

Amending M-Mim. 2212 dated July 31, 1919, and outlining treatment of Narcotic Drug Addiction permissible under the Harrison Narcotic Law.

To Narcotic Agents in Charge and Others Concerned:

In accordance with the recent decisions of the courts (summarized hereinafter in a footnote), and the attitude of the medical profession on the subject generally, as indicated below, the provisions of M-Mim. 2212, dated July 31, 1919, are hereby amended and the following provisions as to the proper procedure to be followed in the prescribing and dispensing of narcotic drugs are issued for the guidance of Narcotic Agents in Charge and others concerned.

It should be borne in mind that these instructions must necessarily be general in their nature, as it is impossible to lay down an inflexible rule which will cover all cases; and that they are subject to modification through further interpretation of the law by the courts:

1. Use of Narcotics in the Treatment of Disease Without Reference to the Question of Addiction.—Without reference to the question of addiction, a physician acting in accordance with proper medical practice may prescribe or dispense narcotics for the relief of acute pain or for any acute condition, such as influenza, pneumonia, renal calculi, broken limbs, etc.

2. Use of Narcotics in the Treatment of Incurable Disease.—A reputable physician directly in charge of bona fide patients suffering from diseases known to be incurable, such as cancer, advanced tuberculosis, and other diseases well recognized as coming within this class, may in the course of his professional practice, and strictly for legitimate medical purposes, dispense or prescribe narcotic drugs for such diseases, provided the patients are personally attended by the physician, that he regulate the dosage, and prescribes no quantity greater than that ordinarily recognized by members of his profession to be sufficient for the proper treatment of the given case. Physicians will be held accountable if through carelessness or lack of sufficient personal attention the patient secures more narcotic drugs than are necessary for medical treatment, and devotes part of his supply to satisfy addiction. The physician should clearly set forth on each prescription the date issued, and the full name and address of the patient, and describe in indisputable terms the exact nature of the ailment for which issued. It would not be lawful under any circumstances to place in the hands of an addict, through prescription or otherwise, a sufficient quantity of narcotic drugs to last a week. In incurable and aged and infirm cases, geographically isolated, where it would otherwise work extreme hardship, and where there is no danger of maladministration or diversion to illegitimate use, the physician in charge may, at his own risk, upon obtaining permission from the Narcotic Agent in Charge of the District, prescribe or dispense a week's supply or more, safeguarding the same by placing it for administration in the custody of a responsible nurse or attendant. Accurate records must be kept of such prescribing and administration.

3. Use of Narcotics in the Treatment of Addiction Only.—Mere addiction alone is not recognized as an incurable disease. It seems necessary, however, to divide the addicts not suffering from an incurable disease into two classes, (a) those suffering from senility, or the infirmities attendant upon old age, who are ned addicts of years standing, and who, in the opinion of a reputable physic- charge, require a minimum amount of narcotics in order to sustain life;

Digitized by Google

and (b) those whose addiction is not complicated either by incurable disease or by the infirmities attendant upon old age.

(a) Aged and Infirm Addicts.—Addicts suffering from senility, or the infirmities attendant upon old age, and who are confirmed addicts of years standing, for all intents and purposes, may be treated in the same manner as addicts suffering from incurable disease. In such cases, where narcotic drugs are necessary in order to sustain life, a reputable physician may prescribe or dispense the minimum amount necessary to meet the absolute needs of the patient. As in the treatment of those addicts suffering from incurable diseases, physicians will be held accountable if through carelessness or lack of sufficient personal attention the patient, by securing more narcotic drugs than necessary for his medicinal treatment, is able to devote part of his supply merely to satisfy addiction. In this class of cases the physician issuing the prescription should make a statement on the prescription to the effect that the patient is aged and infirm, giving age, and certifying that the drug is necessary to sustain life.

(b) The Ordinary Addict.—It is well established that the ordinary case of addiction yields to proper treatment, and that addicts will remain permanently cured when drug taking is stopped and they are otherwise physically restored to health and strengthened in will power. This Bureau has never sanctioned or approved the so-called reductive ambulatory treatment of addiction, however, for the reason that where the addict controls the dosage he will not be benefited or cured. Medical authorities agree that the treatment of addiction, with a view to effecting a cure, which makes no provisions for confinement while the drug is being withdrawn, is a failure, except a relatively small number of cases where the addict is possessed of a much greater degree of will power than that of the ordinary addict. The good faith of the physician and the bona fides of his treatment in a given case will be established by the facts and circumstances of the case and the concensus of medial opinion with regard thereto, based on the experience of the medical profession in cases of similar nature. The following resolution passed by the Council on Health and Public Education of the American Medical Association at its meeting on November 11, 1920, is pertinent in determining the period over which narcotic treatment should be extended in purely addiction cases:

> "Be it resolved that the Council on Health and Public Education of the American Medical Association indorse the principle expressed in the California Law (Section 8½) which forbids the use of opium and its derivatives in the withdrawal treatment of those addicted to the use of these drugs for a period of more than thirty days after the commencement of the withdrawal treatment."

This Bureau cannot under any circumstances sanction the treatment of mere addiction where the drugs are placed in the addict's possession, nor can it sanction the use of narcotics to cover a period in excess of thirty days, when personally administered by the physician to a patient neither in a proper institution nor unconfined. If a physician, pursuant to the so-called reductive ambulatory treatment, places narcotic drugs in the possession of the addict who is not confined, such action will be regarded as showing lack of good faith in the treatment of the addiction, and that the drugs were furnished to satisfy the cravings of the addict.

Doubtful cases, or those not falling within any of the above instructions, upon request, will be investigated and special instructions based upon the recommendations of the inspecting officers will be issued.

R. A. HAYNES,
Prohibition Commissioner.

Approved:

D. H. BLAIR,
Commissioner of Internal Revenue.

Digitized by Google

Synopsis of Court Decisions Referred to in Paragraph 1.

Prescribing for "Dope Fiends."—The United States Supreme Court has determined that a physician who sells, dispenses or distributes narcotic drugs, not in the course of his regular professional practice, and not for the treatment of any disease, but to a person popularly known as a "dope fiend," for the purpose of gratifying his appetite for the drug as an habitual user thereof, violates the provisions of the Harrison Narcotic Law, and thereby becomes subject to punishment as provided therein. It was also determined that an order issued by a practicing and registered physician for morphine to an habitual user thereof, the order not being issued by him in the course of professional treatment, in the attempted cure of the habit, but being issued for the purpose of providing the user with morphine sufficient to keep him comfortable by maintaining his customary use, is not a physician's prescription within exception (b) of Section 2 of the said Act. (U. S. vs. C. T. Doremus; W. S. Debb and Jacob Goldman vs. U. S., T. D. 2809.)

Guilty Knowledge of Druggists.—The Circuit Court of Appeals for the Fifth Circuit has determined that the undisputed facts (1) that the physician issued prescriptions only for narcotics; (2) that many of the alleged patients were described in his prescriptions as addicts and had the physical appearance of such; and (3) that the prescriptions were issued to the same persons repeatedly and over long periods of time and without diminution in the quantity prescribed, indicating that no cure by reduction was intended by the physician, warranted the conclusion that the druggists must have known when they filled such prescriptions that they had been issued merely to satisfy addiction. In the same case it was further held that an instruction erroneously authorizing a conviction on a trial for abetting a violating of the Harrison Narcotic Law by a druggist, though the druggist had no actual knowledge that a prescription was wrongfully issued, was not ground for reversal, where reasonable men could have drawn but one inference—that the druggist had such actual knowledge. (C. T. Doremus vs. U. S., T. D. 3085.)

Intervening Agency Does Not Affect Guilt.—The United States District Court, Southern District of New York, recently determined that where for consideration the defendant issued an order or "prescription" for opium not in the regular course of his professional practice, but to an "addict" for a prohibited use which was as intended presented to and filled by a dealer, who had no reason to believe it had been wrongfully issued, the defendant committed an indictable offense although the offense was consummated through an innocent agency, that the injunction of the statute had been violated by the defendant's wilful procurement and participation and the quality of his act is not affected by the fact that another agency innocently co-operated. (U. S. vs. Emil H. Keidanz, unreported to date.)

When Prescribing and Selling Are Synonymous.—The Supreme Court of the United States has determined that an indictment was sufficient which charged that defendant, a practicing physician, did feloniously, etc., sell, exchange, barter and give away a specified quantity of morphine sulphate to a person named, not pursuant to an order form issued by the Commissioner of Internal Revenue, by issuing and dispensing a prescription to such person, not a patient of the physician, which morphine was dispensed and distributed by the physician not in the course of his professional practice only; that "selling" in the criminal sense is not confined to the parting with one's property; and that under Section 332 of the Criminal Code, and Section 2 of the Harrison Act, one may take a principal part in the prohibited sale of an opium preparation by unlawfully issuing a prescription to a would-be purchaser; hence there is no necessary repugnancy between prescribing and selling. (Jin Fuey Moy vs. U. S., T. D. 3127.)

Moral Purpose of Law.—The Circuit Court of Appeals, Eighth Circuit, in explaining the object of this law, stated that although enacted under the taxing power of Congress, it no doubt was intended to prevent the growing use of narcotics, deemed by Congress a menace to the Nation, and that the Act has a moral end, as well as revenue in view. This decision further held that a physician who dispenses narcotics not in good faith for the purpose of securing a cure of one suffering from an illness, or to cure him from the narcotic habit, violates the law, and affirmed the conviction of a physician who was charged with furnishing narcotics to an addict in decreasing quantities, claimed to be in an attempt to cure addiction, where it was shown that such physician did not personally attend the addict or give him personal attention sufficient to show that he was practicing in good faith. (Bascom C. Thompson vs. U. S., T. D. 2887.)

Selling Exempt Preparations to Addicts.—The Circuit Court of Appeals, Fourth Circuit, has determined that the sale of a so-called exempt preparation under Sec. 6 of the Harrison Narcotic Act, as amended, to wit, paregoric, not as a medicine, but for the purpose of evading the restrictions and provisions of the Act by supplying addicts with said preparation to satisfy addiction is unlawful, and that an indictment substantially in the language of Sec. 6 was not only sufficient, but was unnecessarily specific in negativing the exceptions of sale for medicinal purposes by alleging the sale was not as mecidine, but for the purpose of evading the Act. It was also determined that in a prosecution for the sale without a license of a preparation containing opium contrary to the Harrison Narcotic Act, Sec. 6, evidence that sales were knowingly made to drug addicts was sufficient to go to the jury on the question of intent by defendant to evade the provisions of the Act and that a charge that the purposes of the act were, first, to obtain a license tax, and incidentally to prevent sales being made to addicts, was not error. (Oliver vs. U. S., 267 Fed. Rep. 38[illegible])

Prescriptions For Regular Patients.—The United States Circuit Court of Appeals, Fourth Circuit, determined that when a physician is charged with unlawfully selling or prescribing drugs under the Harrison Act, the case turns largely upon his good faith in prescribing drugs to his regular patients, for maladies requiring the administration of the drug, or whether he prescribed to persons seeking his professional aid merely to procure the drug. It further stated that in the latter case the physician might perhaps in a single instance afford temporary relief for one whose condition demanded immediate treatment, but to go further than this would enable every doctor to do just what the defendant in that case did, furnish drugs to addicts, or afford opportunity to them to procure all the narcotics they desired, as unrestrained they would go from one physician to another and thus quickly destroy the whole purpose of the Act in question. (Louis D. Bates vs. U. S., No. 1839, U. S. C. C. A., 4th Circuit, unreported to date.)

Digitized by Google

THE VACCINATION CAMPAIGN.

During the month of October vaccinations were performed in the Greater City, by the medical inspectors of the Department of Health, in accordance with the tables given below:

VACCINATIONS DURING OCTOBER.

	No. of Centers.	No. of Inspectors.	Total Vaccinations	Primary Vaccinations.	Re-Vaccinations.	Vaccinations Inspected.	No. of Certs. Issued.
Manhattan	10	10	649	367	282	504	504
Bronx	1	2	312	311	1	495	495
Brooklyn	9	11	784	784	0	1208	1208
Queens	8	3	180	175	5	247	236
Richmond	1	1	103	103	0	161	161
City	29	27	2028	1740	288	2615	2604

MORTALITY BULLETIN FOR THE WEEK ENDING NOVEMBER 12, 1921.

The health of the City during the week just closed has been excellent. The exceedingly low rate of 10.19 per 1,000 of the population prevailed as compared with a rate of 10.39 during the corresponding week of 1920.

The noteworthy features of the week's mortality were the decreased mortality from diphtheria, there having been 10 deaths reported as compared with 21 in the corresponding week of 1920; 28 deaths from diarrhoael diseases under five years of age as compared with 45, this low death rate from this cause being unlooked for by reason of the milk strike situation which it was thought at one time would be followed by the use of old and impure milk in the homes. Broncho pneumonia also showed a decreased mortality, 42 deaths having been reported therefrom as compared with 60. On the other hand lobar pneumonia showed 50 deaths as compared with 32; organic heart diseases 253 deaths as compared with 239; Bright's disease and nephritis, 94 deaths as compared with 75.

Viewed from the point of age grouping there were 143 deaths among infants under one year of age, as compared with 167, a decrease of 24 deaths. Between one and five years of age there were 49 deaths as compared with 70, a decrease of 21. Between five and sixty-five years of age there was an increased mortality of 4 deaths and at sixty-five years of age and over an increase of 36 deaths.

The death rate for the first 46 weeks of the year is 11.19 per 1,000 of the population as compared with a rate of 13.13 during the corresponding period of 1920, a decrease of 1.94 of a point.

It seems probable at the present writing that the death rate for the year will be at least two points lower than that of the year 1920, which will mean that there will be a saving of approximately 1,400 lives as compared with the mortality experience of the immediately preceding year. This estimate is based upon the population of the City of New York as calculated for the year 1921 by the Bureau of The Census, Washington, D. C. The establishment of such an extremely low death rate in the City of New York should render it a remarkable year in the history of the City as to health conditions.

Another favorable occurrence is the extremely low infant mortality rate which has prevailed from January 1st to date. Seventy-three out of every 1,000 children born died, as compared with a rate of 87 out of every 1,000 births during the corresponding period of 1920, which is a gain of 14 lives among infants at this age group out of every 1,000 born.

An interesting calculation develops the fact that, on the assumption that 73 will be the death rate for the entire year 1921, and that the number of births reported during the year will equal 135,000 (a conservative estimate) there will be a saving of 1,890 lives of infants at this age group.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CANCER.—Willis, G. S. Radium therapy in cancer. (Med. Rec., Nov. 5, 1921. pp. 793-796.)

CLINICS.—Manning, J. B., and others. Nutritional clinics. (Arch. Pediat., Oct., 1921. pp. 639-645, tables.)

DIPHTHERIA.—Fleishner, E. C., and E. B. Shaw. The specific treatment of diphtheria. (Arch. Pediat., Oct., 1921. pp. 629-638.)

HEALTH.—Fisk, E. L. Relationship of alcohol to health and longevity. (Med. Ins. and Health Conservation, Oct., 1921. pp. 1-7.)

INFANT FEEDING.—Bleyer, Adrien. The "Normal" deterioration of infants of the poor as related to breast-feeding. (Mother and Child, November, 1921. pp. 496-500, charts.)

INFANT MORTALITY.—Broadbent, Benjamin. What the babies of the world owe to France. (Mother and Child, Nov., 1921. pp. 483-487.)

INFECTION.—Douglas, S. R., and Leonard Hill. Spray infection. (J. Ind. Hyg., Nov., 1921. pp. 206-212, tables, illus.)

MILK.—U. S. Agriculture, Dept. of. Milk and its uses in the home. 1921. 34 p., illus. (Farmers' Bull. No. 1207.) VF

PNEUMONIA.—Stern, Samuel. A special cure for pneumonia and pulmonary tuberculosis. (Med. Rec., Nov. 5, 1921. pp. 798-803.)

POSTURE.—Vandyck, Irene. A recipe for keeping young—correct posture, especially when sitting, will prevent many ills and keep old age at bay. (Forecast, Nov., 1921. pp. 304-306, illus.)

REFUSE AND REFUSE DISPOSAL.—Hering, Rudolph and Samuel A. Greeley. Collection and disposal of municipal refuse. 1st ed. (McGraw-Hill. 1921. 65[illegible] p., tables, illus.) 628.4H42

VENTILATION.—Barton, Maude. Hygiene of ventilation. (Am. J. Nursing, Nov., 1921. pp. 115-119.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Aug. 20	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov 5	Nov 12
Total deaths	1066	1056	1124	1059	967	959	1044	996	1019	1211	1177	1181	1128
Annual Death Rate	9.85	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10 68	10.71	10.19
*Acute Infectious Diseases	31	21	23	24	16	17	16	16	21	32	20	37	23
Pul. Tuberculosis..	108	96	94	83	91	76	80	75	81	91	84	99	85
Influenza	1	..	3	1	3	3	5	6	5	4	7	8	4
Lobar Pneumonia.	21	22	33	34	18	27	35	37	43	45	58	61	50
Broncho Pneum...	26	26	46	36	35	23	30	28	30	38	44	56	42
**Violent Deaths ...	64	77	71	87	69	70	65	60	68	71	68	62	69
Deaths under 1 year.	216	199	210	177	151	180	187	159	154	164	161	161	143
Rates per 1,000 births	85.0	78.4	82 5	69.6	59.2	70.6	73 3	62.3	60.3	64.1	62.9	62.8	55.9
Deaths under 5 years	289	262	283	248	216	229	242	211	208	227	228	226	198
" 5-65 years ..	584	566	603	606	546	546	575	568	559	688	657	665	629
" 65 years and over	213	228	238	205	205	184	227	217	252	296	292	290	302

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	198	265	232	190	302	287	278	174	235	279	258	269	164
Diphtheria	102	77	99	116	111	109	121	132	113	184	195	203	228
Measles	68	26	47	40	29	25	21	33	33	41	57	68	70
Scarlet Fever	40	35	30	36	46	54	69	52	33	97	135	146	115
Chickenpox	13	7	8	3	18	16	15	16	23	26	44	64	68
Influenza	6	2	5	4	11	4	14	20	21	29	29	20	18
Pneumonias	135	98	142	127	148	131	191	142	166	209	235	227	225
Typhoid Fever	41	66	70	53	70	56	53	24	24	19	22	18	13
Whooping Cough ...	102	105	126	78	108	84	104	70	58	65	43	53	34
Syphilis	237	222	230	219	444	356	355	289	230	206	275	199	235
Gonorrhoea	111	86	55	155	238	104	181	137	134	167	99	161	109
Poliomyelitis	10	22	39	26	61	69	55	38	34	42	18	17	5
Cerebro-spinal Meningitis	11	8	4	4	9	4	8	2	4	6	5	7	1
Total	1074	1019	1087	1051	1590	1298	1445	1129	1142	1369	1415	1452	1306

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 12, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	518	515	494	812	386	43	11 84	11 80	11 82
The Bronx	782,016	778,528	117	133	130	248	74	13	8.17	8.91	8 71
Brooklyn	2,022,262	2,077,674	385	366	384	914	155	46	9.86	9.19	9.64
Queens	466,811	497,627	79	76	83	210	45	4	8.61	7.97	8.70
Richmond	115,959	121,252	29	33	32	60	24	2	12 81	14.20	13.77
Total	5,621,151	5,751,859	1128	1123	1123	2244	684	108	10.39	10.19	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-six weeks of this year there were 56,744 deaths, a rate of 11.19 per 1,000 population. During the corresponding weeks of last year there were 65,576 deaths, a rate of 13.13 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoael Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	38	1	..	4	20	20	10	10	13	4	31	66	92	302	121
The Bronx	4	11	..	1	..	3	6	4	3	2	.	5	21	26	70	37
Brooklyn	4	23	..	1	2	22	14	13	12	1	2	18	43	60	200	106
Queens	..	6	1	2	..	4	2	2	2	..	1	7	9	10	40	26
Richmond	..	7	..	..	..	1	..	1	1	..	..	1	4	4	17	12
Total	20	85	2	4	6	50	42	30	28	16	7	62	143	192	629	302

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	58	53.8	6	5.5	7	2	82	18 6	7	1.5	10	2.2
The Bronx	24	82 1	4	13.7	..	3	29	18.0	4	2.5	2	1.2
Brooklyn	44	46.1	10	10.5	4	5	63	14.1	13	2.9	2	.4
Queens	12	65 5	2	10.9	..	2	13	12.2	2	1.9	..	..
Richmond	5	92 9	2	37.1	..	1	5	21.0	2	8.4	..	..
City of New York.	143	55.8	24	9.3	11	13	192	16 3	28	2 4	14	1 2

During the first forty-six weeks of this year 8,584 infants died, a rate of 73. per 1,000 births. During the corresponding weeks of last year 10,245 died, a rate of 87. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 11-5-'21.	34	32	2	20	24	37	..	20	13	5	..	4	..	..	..	21	..	548	109	919
Admitted	18	26	3	20	2	12	1	3	4	2	..	1	..	..	..	..	..	17	7	116
Discharged	8	18	2	8	5	4	..	7	1	3	..	3	..	..	..	..	..	25	..	84
Died	3	3	..	..	..	1	..	..	..	..	..	..	..	..	..	..	..	..	2	9
Rem'g 11-12-'21	41	37	3	32	21	44	1	16	16	4	..	2	..	..	..	21	..	540	114	942
Total treated	52	108	5	40	26	49	1	23	17	7	..	5	..	..	..	21	..	565	116	1085

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1123	1,128	605	518	143	22	27	192	30	55	202	342	302
1. Typhoid Fever	1	1	1	..	..	..	1	1	..	..	..	..	.
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	1	2	1	..	1	1	2	1	..	..	..	..
6. Scarlet Fever	3	4	1	2	..	..	1	1	..	1	1	..	..
7. Whooping Cough	4	3	4	..	2	1	1	4		..	..	.	..
8. Diphtheria	10	21	6	4	1	3	3	7	3	..	..		..
9. Influenza	4	5	2	2	..	1	..	1	..	..	2	1	..
Poliomyelitis	5	2	2	3	..	2	1	3	1	1	..	..	..
12. Other Epidemic Diseases	3	1	1	2	2	..	..	2	1	..	..	..	..
13. Pulmonary Tuberculosis	85	33	54	31	1	..	..	1	1	21	36	20	6
14. Tbc. Meningitis	3	6	2	1	1	2	..	3	..	..	..	..	..
15. Other forms Tbc.	3	4	2	1	..	..	..	..	..	..	3	..	..
16. Cancer, Malignant Tumor	106	105	56	50	..	..	..	..	..	1	19	48	38
17. Simple Meningitis	4	5	3	1	1	..	2	3	..	..	..	1	..
17a. Cerebro-spinal Meningitis	2	2	2	..	2	..	..	2	..	..	..	..	..
18. Apoplexy, Softening of the Brain	18	29	10	8	..	..	..	..	..	..	..	9	9
19. Organic Heart Diseases	243	225	114	129	1	..	2	3	5	4	27	96	108
20. Acute Bronchitis	6	9	3	3	6	..	..	6	..	..	..	..	..
21. Chronic Bronchitis	1	1	..	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	50	32	27	23	2	..	1	3	4	1	16	13	13
22a. Broncho Pneumonia	42	60	21	21	14	4	5	23	..	1	1	4	13
23. Other Respiratory Diseases	13	9	9	4	..	1	..	1	..	1	4	6	1
24. Diseases of the Stomach (Cancer excepted)	5	11	3	2	..	..	..	..	..	..	2	..	3
25. Diarrhoeal Diseases (under 5 years)	28	45	13	15	24	2	2	28	..	..	..	..	..
26. Appendicitis and Typhilitis	17	8	7	10	1	..	..	1	1	3	6	5	1
27. Hernia, Intestinal Obstruction	13	11	7	6	2	1	..	3	..	..	2	5	3
28. Cirrhosis of Liver	5	9	2	3	..	..	..	..	..	..	..	2	3
29. Bright's Disease and Nephritis	94	75	53	41	.	..	1	1	..	..	15	35	43
30. Diseases of Women (not Cancer)	5	8	..	5	..	..	..	..	..	..	4	1	
31. Puerperal Septicaemia	1	..	..	1	..	..	..	..	..	..	1	..	
32. Other Puerperal Diseases	12	11	..	12	..	..	..		..	3	9	..	
33. Congenital Debility, and Malformations	68	61	39	29	66	1	..	67	1	..	..		..
34. Old Age	3	3	..	3			..	..	..	..			3
35. Violent Deaths	69	82	49	20	1	1	2	4	7	7	20	25	5
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	.	
b. Other Accidents	62	78	44	18	1	1	2	4	7	4	18	23	6
c. Homicide	7	4	5	2	..	..	..	..	..	3	2	2	.
36. Suicide	16	16	12	4	..	..	..	..	..	2	3	5	1
*37. All other causes	173	200	95	78	16	2	3	21	5	9	25	63	50
38. Ill-defined causes	5	2	3	2		..	1	1	..	..	1	3	

Deaths in Institutions,	455	Mean temperature,	42.9 deg. Fahr
Mean barometer,	29.91	Maximum temperature,	60.0 deg. Fahr.
Mean humidity,	64.6	Minimum temperature,	32.0 deg. Fahr
Precipitation,	.42		

†If the deaths under one month, numbering 67 from all causes, be deducted from the total deaths under one year, the resulting rate will be 29 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 12, Diabetes 22, Alcoholism 2, Locomotor Ataxia 1, Paresis 3, Arterio-sclerosis 55, all other congenital causes 7.

25a-2022-21-0

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. NOVEMBER 26, 1921. No. 48.

THE WORK OF THE HEALTH EXPOSITION.

The largest health exposition ever held closed last Saturday, after a week at the Grand Central Palace. From the time it opened, it was crowded with all classes of citizens who, judging from their questions and apparent interest, were deeply interested in the work of preserving and improving health.

The various departments of the city, public welfare organizations, newspapers and various commercial concerns, such as the large milk companies, co-operated with the Department of Health to bring about a most attractive and interesting combination of exhibits, and are all to be thanked for their work.

The Department of Health's program, as announced in this Bulletin, two weeks ago, was splendidly carried out by enthusiastic workers of its various Bureaus.

TYPHOID FEVER IN NEW YORK CITY.

Quarter Ending June 30.

A total of 133 cases were reported during this quarter of 1921, out of which number 14 cases were subsequently dropped as "no cases," leaving a corected total of 119 true cases. During the corresponding period of 1920 118 cases were reported and 12 cases were subsequently dropped as "no cases," leaving a corrected total of 106 true cases. The Bronx had 12 more cases in this quarter than in the corresponding quarter of 1920. Brooklyn had 3 more cases, Manhattan, 3 less cases, Queens the same number of cases, and Richmond one more case than for the same period of 1920.

Seventy-seven per cent of the cases were confirmed by laboratory examinations, in this quarter, as compared with 89 per cent in the corresponding quarter of 1920. The great majority of such laboratory confirmations were by the Widal test alone, the next highest by examination of stools.

Twenty-one deaths were reported during this quarter of 1921, as compared with 11 in the corresponding quarter of 1920. The Boough of Manhattan had the largest number of deaths, seven more than in the corresponding quarter of last year.

Forty per cent of the cases were traced to probable sources of infection, as compared with 42 per cent so traced in the corresponding quarter of 1920. Twenty-three cases were traced to contact, and 24 to out-of-town sources. One case was attributed to oysters, which were grown in Jamaica Bay. (Permits for the

Digitized by Google

sale of such oysters were revoked by resolution of the Board of Health on April 15th, 1921.)

Fifty-eight per cent of the cases in this quarter of 1921 were hospitalized, as against 69 per cent during the corresponding quarter of 1920. The Borough of The Bronx had the least number of hospitalizations, while Brooklyn had the largest.

A total of 191 persons were immunized with typhoid vaccine, as against 86 persons so immunized in the corresponding quarter of 1920. One hundred and one persons who were exposed to typhoid cases were immunized, out of which 77 received the complete series of injections (3 doses each), and 24 persons received 2.

The Department cannot too strongly emphasize the importance of typhoid immunization, since the source of typhoid fever infection is not only active typhoid fever cases. There is always the menace of the typhoid carrier who may be the cause of only a few sporadic cases, or even of a large outbreak. We have on record about 100 of such carriers, and it is estimated that there are thousands in the city.

Physicians are urged, whenever the opportunity offers, to immunize the families of their patients, for it is only by such methods that the carrier menace will be reduced to a minimum.

Typhoid Fever—Quarter Ending June 30th, 1921.

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond.		City.	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921
1 Total cases reported as typhoid.	60	53	10	23	39	46	7	8	2	3	118	133
Number erroneously diagnosed and reported	9	5	2	3	1	5	..	1	..	0	12	14
Corrected total of cases	51	48	8	20	38	41	7	7	2	3	106	119
Diagnosis confirmed by												
a Widal	36	20	5	11	29	24	5	5	0	2	75	62
b Blood culture	..	3	..	..	..	1	..	..	..	..	..	4
c Stool	2	2	..	4	3	1	..	..	1	..	6	7
d Widal — stool	4	4	1	2	2	4	..	1	..	1	7	12
e Widal — blood culture	4	1	..	..	1	..	..	..	..	..	5	1
f Stool — blood culture	..	1	..	..	..	2	..	..	..	..	..	3
g Widal — Stool — Bl. cult.	..	1	..	..	..	2	..	..	..	..	..	3
h Operation	1	..	..	..	..	..	..	..	..	..	1	0
i Autopsy	..	..	..	..	..	..	..	..	..	..	..	..
j No confirmation	4	16	2	3	3	7	2	1	1	..	12	27
TOTAL	51	48	8	17	38	41	7	7	2	3	106	119
Percent of cases confirmed	92	67	75	85	92	83	71	71	50	100	89	77
2 DEATHS	4	11	1	3	3	4	2	3	1	0	11	21
3 Percentage of cases in which probable mode of infection was traced	43	42	13	35	45	47	43	30	50	33	43	40
4 Probable modes of infection												
a Contact with active cases	5	5	..	3	2	5	2	..	..	..	9	13
b Contact with chronic carriers proven	1	..	..	..	2	2	..	..	..	..	3	2
c Suspected carriers	..	2	..	..	..	3	..	2	..	1	..	5
TOTAL CONTACT CASES	6	7	..	3	4	10	2	2	..	1	12	20
d Oysters	..	..	..	1	..	..	..	..	..	..	..	1
e Out of town infection	16	12	1	3	11	6	1	..	..	..	29	21
f Doubtful out of town infection	..	1	..	..	2	2	..	..	1	..	3	3
TOTAL OUT-OF-TOWN INF.	16	13	1	3	13	8	1	..	1	..	32	24
5 Immunization (complete) performed by Department												
a Persons exposed to cases	15	50	..	6	3	11	9	7	..	3	27	77
b Persons not exposed to cases	15	20	14	4	30	16	..	2	..	0	59	42
Immunization (incomplete) performed by Department												
a Persons exposed	..	22	..	1	..	..	..	..	..	1	..	24
b Persons not exposed	..	25	..	1	..	22	..	..	..	..	..	48
6 a Patients treated at Hosp.	44	30	3	5	21	29	4	3	1	2	73	69
b Patients treated at home	7	18	5	15	17	12	3	4	1	1	33	50
Percentage of cases treated at hospital	86	62	38	25	55	71	57	43	50	66	69	58

Quarter Ending September 30.

During the quarter in question a total of 546 cases of typhoid fever were reported, as compared with 502 cases in the corresponding quarter of 1920. Of this number, 33 cases were erroneously diagnosed and reported, leaving a corrected total of 513 cases for the quarter. During the corresponding quarter of 1920, 29

Digitized by Google

cases were erroneously diagnosed as typhoid fever and so reported, leaving a corrected total of 473 cases.

Sixty-three per cent of the cases reported during this quarter of 1921 were confirmed by laboratory reports or otherwise. During the corresponding quarter of last year, 73 per cent of the cases were so confirmed. The great majority of such confirmations were made by the Widal test alone.

There were a total of 54 deaths reported during the quarter, as against 70 deaths in the corresponding quarter of 1920.

In forty-three per cent of the cases, the probable source of infection was ascertained, as against 40 per cent during the corresponding quarter of 1920.

During the quarter, 41 cases were shown to have resulted from contact. Of these, 19 cases were due to contact with active cases; 5 to contact with proven carriers, and 7 to contact with suspected carriers. Three cases were traced to flies, and 4 to shellfish. In the corresponding quarter of last year, 31 cases were traced to contact, of which 30 cases were due to active cases and one to a proven carrier. There were, in addition, 23 cases in the corresponding quarter, which were traced to contaminated ice cream.

A total of 173 cases were traced to out-of-town sources, as compared with 129 cases so traced in the corresponding quarter of 1920. Of the 173 imported cases, 79 had their source of origin in a New Jersey summer home, maintained by a social service agency for children of this city. The source of infection in these 79 children, out of a total of 435 who were sent to this home for a fortnight's vacation, was traced by the New Jersey authorities to a typhoid carrier who handled the milk supply at the home.

Sixty-one per cent of this quarter's cases were treated in hospitals, as against 60 per cent so treated in the corresponding quarter of 1920.

A total of 615 persons were immunized in this quarter, as against 315 persons immunized in the corresponding quarter of 1920. Of this number (615) 319 were exposed to typhoid fever and received the full series of injections.

Typhoid Fever—Quarter Ending September 30, 1921.

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond.		City.	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921
1 Total cases reported as typhoid	224	263	48	58	175	186	35	32	20	7	502	546
Number erroneously diagnosed and reported	13	25	8	3	8	5	0	0	0	0	29	33
Corrected total of cases	211	238	40	55	167	181	35	32	20	7	473	513
Diagnosed and confirmed by												
a Widal	113	75	24	27	117	97	18	16	14	1	286	216
b Blood culture	5	13	..	1	..	2	1	0	..	0	6	16
c Stool	0	13	1	3	6	13	2	0	0	0	9	29
d Widal and stool	12	12	3	3	7	13	3	1	3	0	28	29
e Stool and blood culture	1	5	0	0	..	1	0	0	0	0	1	6
f Widal and blood culture	8	19	3	2	1	0	0	1	0	0	12	22
g Widal, bl. culture and stool	0	4	0	1	0	0	0	0	0	0	0	5
h Operation	1	0	0	0	0	0	0	0	0	0	1	0
i Autopsy	1	1	0	0	0	1	0	..	0	0	1	2
j No confirmation	70	96	9	18	36	54	11	14	3	6	129	188
TOTAL	211	238	40	55	167	181	35	32	20	7	473	513
Percent cases confirmed	70	60	77	67	80	70	70	57	85	14	73	63
2 Deaths	30	25	5	4	24	18	7	5	4	2	70	54
3 Percentage of cases in which mode of infection was traced	50	51	26	45	34	28	32	41	7	14	40	43
4 Probable modes of infection												
a Contact with active cases	14	5	0	1	13	12	2	1	1	0	30	19
b Contact with proven carriers	0	2	0	0	1	2	0	1	0	0	1	5
c Contact with suspected carriers	0	8	0	1	..	5	0	3	0	0	0	17
Total contact cases	14	15	0	2	14	19	2	5	1	0	31	41
d Contaminated ice cream	23	0	0	0	0	..	0	..	0	0	23	0
e Flies	0	0	0	0	0	3	0	..	0	0	..	3
f Shell fish	0	0	0	0	0	1	0	3	0	0	0	4
g Out-of-town infection	61	112	10	23	40	23	8	5	..	4	119	164
h Doubtful out-of-town infection	5	5	..	..	4	4	1	0	..	0	10	9
Total out-of-town	66	117	10	23	44	27	9	5	..	1	129	173
5 Immunization performed by Department of Health (complete 3 doses)												
a Persons exposed to cases	27	278	6	11	11	30	1	0	..	0	45	319
b Persons not exposed	135	39	29	0	35	6	35	1	36	0	270	46

Digitized by Google

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond.		City	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	192
Total immunizations	162	317	35	11	46	36	36	1	36	0	315	3
c Persons exposed (not complete, less than 3 doses)	..	172	..	3	..	55	..	0	..	0	..	2
d Persons not exposed	..	20	..	0	..	0	..	0	..	0	..	
TOTAL	..	192	..	3	..	55	..	0	..	0	..	2
6 Patients treated ...												
a. At hospital	145	147	21	32	87	120	23	13	8	4	284	1
b At home	66	91	19	28	80	61	12	19	12	3	189	1
Percentage of cases treated in hospital	69	62	52	58	52	66	66	41	40	57	60	

In addition to the typhoid cases reported, in this quarter, there were the following para-typhoid cases reported:

PARA-TYPHOID FEVER.

	Manhattan.	Bronx.	Brook-lyn.	Queens.	Rich-mond.	City.
Cases	4	1	3	0	0	8
Verified by laboratory reports	4	1	1	0	0	6
Out-of-town infection	4	0	1	0	0	5

FOOT DEFECTIVENESS IN SCHOOL CHILDREN.

(*Article by Maurice J. Lewi, M. D., President The First Institute of Podiatry, of New York City, in Public Health Reports.*)

"Through the co-operation of Dr. A. K. Aldinger, head of the division of physical training, New York City Department of Education, and Dr. Josephine Baker, chief of the division of hygiene, New York City Board of Health, arrangements were made for the examination of the feet of the pupils of one of the public schools in New York City.

"The pupils examined ranged from the grammar school grade to the grade of teacher's training classes.

"The following data were collected:

FOOT DEFECTS IN SCHOOL CHILDREN.

(*A total of* 356 *were examined.*)

	Model School.				New York Training School for Teachers.	
	Boys		Girls			
	Number.	Per cent.	Number.	Per cent.	Number.	Per cent.
Total examined	72	....	125	....	159	....
Toes in	15	21	2	2	2	1
Toes out	23	32	51	41	102	64
Faulty shoes	46	64	109	87	119	75
Faulty socks	20	28	36	29	61	38
Excrescences	28	39	32	26	116	73
Ingrowing nails	7	10	21	17	30	19
Weak foot	34	47	92	74	136	86
Flat foot	4	6	16	13	10	6
Deformed toes	5	7	8	6	5	3
Carriage:						
Excellent	0	0	7	6	0	0
Good	48	67	61	49	23	14
Fair	19	26	34	27	33	21
Poor	5	7	23	18	53	33
Special notes	....	....	....	....	4	3
Not observed	....	....	....	....	46	29

"This is probably the first comprehensive and scientific collation of facts regarding foot defectiveness in a large group of pupils that has ever been made. Persons interested in this branch of medical practice have frequently hazarded a guess as to the percentage of foot defectives among children of school age, but the figures and facts here presented as the result of this census show that they have undershot the mark by a wide margin. Most of the deviations from normal are of a character which will admit of correction and cure, if properly treated, whereas if neglected, they will tend to cripple and to impair the efficiency of those affected. Parents, school boards, and health boards should co-operate so that all growing children may be afforded opportunity to be similarly examined with a view to the discovery of any existing or threatening foot defects, in order that exercises and treatment may be prescribed that will tend to make them foot-sound."

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Third Quarter 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
New cases	1920	1631	242	896	120	55	2944
	1921	1630	388	991	152	38	3199
Total cases in register	1920	15487	3572	6676	1489	290	27514
	1921	15174	3420	6956	1435	325	27310
New patients at clinic	1920	2198	374	1420	183	24	4199
	1921	1489	421	1585	184	19	3698
Total visits of patients	1920	6509	2921	5049	1187	144	15810
	1921	7107	3236	6804	1465	166	18578
Under sanitary supervision	1920	128	134	482	20	6	770
	1921	255	65	406	8	5	739
Voluntary renovations	1920	367	24	141	134	39	705
	1921	186	66	137	110	51	550
Specimens of sputum examined.	1920	4117	1026	1959	449	92	7703
	1921	4427	1329	2181	416	97	8450
Positive for tubercle bacilli	1920	950	168	426	103	22	1669
	1921	915	344	474	87	18	1838
Deaths pulmonary tuberculosis	1920	639	134	396	111	32	1312
	1921	528	146	349	85	32	1140
Deaths per 1,000 of population	1920	1.11	.71	.72	.92	1.08	.92
	1921	.92	.74	.67	.68	1.05	.79
Deaths all forms of tuberculosis	1920	745	158	473	127	36	1539
	1921	625	159	410	96	35	1325
Deaths per 1,000 of population all forms tuberculosis	1920	1.29	.84	.92	1.05	1.21	1.08
	1921	1.09	.81	.78	.77	1.15	.91

MORTALITY BULLETIN FOR THE WEEK ENDING NOVEMBER 19, 1921.

There were recorded during the past week 1,229 deaths with a death rate of 11.15 per 1,000 of the population as compared with 1,166 and a rate of 10.74 in the corresponding week of 1920, an increase in the absolute number of deaths of 63 and the relative number of deaths of 45, taking into consideration the increase in the population of 1921 over 1920.

The infectious diseases, scarlet fever, diphtheria and whooping cough were lower than in the corresponding week of 1920, diphtheria and croup having only 15 deaths reported under that title as compared with 26. There were 22 deaths from diarrhoeal diseases under 5 years of age reported as compared with 34. There were 130 deaths reported from the acute respiratory diseases as compared with 129. The organic heart diseases showed a material increase, there having been 282 deaths reported as compared with 241, an increase of 41. Chronic Bright's disease was responsible for 82 deaths as compared with 68, an increase of 14. Diseases of the nervous system were responsible for 55 deaths, as compared with 32. Pulmonary tuberculois had 98 deaths credited to it, as compared with 97, an increase of 1.

There were 151 deaths among infants under one year of age as compared with 124; 51 deaths between one and five years of age as compared with 75; between five and sixty-five years of age 728 deaths as compared with 654, an increase of 74 deaths; and at sixty-five years of age and over 299 deaths as compared with 283, an increase of 16 deaths.

It is thus seen that the increased mortality as compared with the corresponding week of 1920 was due to an increase in the deaths among adults and among the aged as evidenced by the increase in the deaths from chronic degenerative diseases which appear in late adult life and in old age.

The death rate for the first 47 weeks of the year was 11.19 per 1,000 of the population as compared with a rate of 13.08 in the corresponding period of 1920, a decrease of 1.89 points. From January 1st to date there were 72 deaths reported of infants under one year of age out of every 1,000 births, as compared with 87 deaths at this age group in the corresponding period of 1920, a decrease of 15 deaths out of every 1,000 children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CLINICS.—Bell, C. B. Dental clinics for children. (Health and Sanitation, Nov., 1921. pp. 25-27, illus.)

DISEASES.—Robertson, J. D. Where new diseases come from. (Health and Sanitation, Nov., 1921. pp. 8-12, illus.)

DRUG ADDICTION.—Goldberg, J. A. Drug addiction as an international problem. (Nation's Health, Nov., 1921. p. 596.)

ENCEPHALITIS.—Neustaedter, M., and others. A contribution to the study of lethargic encephalitis in its relation to poliomyelitis. (Am. J. Med. Sc., Nov., 1921. pp. 715-720.)

INFANT MORTALITY.—Baker, S. J., and Jacob Sobel. Control of infant morbidity and mortality in New York City. (In: N. Y City, Health, Department of, Monthly Bulletin, Oct., 1921. pp. 229-260, tables.) H34.24m

INFECTIOUS DISEASES.—Richardson, M. L. Control of infectious diseases in hotels. (Nation's Health, Nov., 1921. pp. 633-634.)

INSANITY.—Campbell, C. M. History of insanity during the past century with special reference to the McLean Hospital (Bost. M. & S. J., Nov. 3, 1921. pp. 538-544.)

MILK.—Newport, R I, Commission on Milk Supply. The quality and price of milk (Am. City, Nov., 1921. pp. 379-381 tables.)

NUTRITION.—Carter, W. E. The Pirquet system of nutrition and its applicability to American conditions. (A. M. Jour., Nov. 12, 1921. pp. 1541-1545 tables.)

SKIN DISEASES.—Levin, O. L., and Max Kahn. Studies on the chemistry of the body in diseases of the skin. (Am. J. Med. Sc., Nov., 1921. pp. 715-720)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Aug. 27	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov 12	No 19
Total deaths	1056	1124	1059	967	959	1044	996	1019	1211	1177	1181	1123	12
Annual Death Rate	9.58	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10.68	10 71	10.19	11
*Acute Infectious Diseases	21	23	24	16	17	16	16	21	32	20	37	23	
Pul. Tuberculosis..	96	94	88	91	76	80	75	81	91	84	99	85	
Influenza	..	3	1	3	3	5	6	5	4	7	8	4	
Lobar Pneumonia.	22	38	34	18	27	35	37	43	45	58	61	50	
Broncho Pneum...	26	46	36	35	23	30	28	30	38	44	56	42	
**Violent Deaths ...	77	71	87	69	70	65	60	68	71	68	62	69	
Deaths under 1 year.	199	210	177	151	180	187	159	154	164	161	161	145	
Rates per 1,000 births	78.4	82 5	69.6	59.2	70.6	73.3	62.3	60.3	64.1	62.9	62.8	56.8	
Deaths under 5 years	262	288	248	216	229	242	211	208	227	228	226	192	
" 5-65 years ..	566	603	606	546	546	575	568	559	688	657	665	629	
" 65 years and over	228	238	205	205	184	227	217	252	296	292	290	302	

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	265	232	190	302	287	278	174	235	279	258	269	164	
Diphtheria	77	99	116	111	109	121	132	113	184	195	203	228	
Measles	26	47	40	29	25	21	33	33	41	57	68	70	
Scarlet Fever	35	30	36	46	54	69	52	33	97	135	146	115	
Chickenpox	7	8	3	18	16	15	16	23	26	44	64	62	
Influenza	2	5	4	11	4	14	20	21	29	29	20	18	
Pneumonias	98	142	127	148	131	191	142	166	209	235	227	235	
Typhoid Fever	66	70	53	70	56	33	24	24	19	22	18	18	
Whooping Cough ...	105	126	78	108	84	104	70	58	65	43	53	34	
Syphilis	222	230	219	444	355	355	289	220	205	275	199	255	
Gonorrhoea	86	55	155	283	104	181	137	134	167	99	161	109	
Poliomyelitis	22	39	26	61	69	55	38	34	42	18	17	5	
Cerebro-spinal Meningitis	8	4	4	9	4	8	2	4	6	5	7	1	
Total	1019	1087	1051	1590	1298	1445	1129	1148	1389	1415	1452	1306	

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 19, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
anhattan	2,284,103	2,276,778	541	582	508	1241	1116	59	12 37	12 19	11.53
e Bronx	732,016	772,528	127	154	147	318	161	14	8.86	10 32	9 86
ooklyn	2,022,262	2,077,674	372	410	445	949	390	50	9.52	10 30	11.17
eens	466,811	497,627	88	98	104	170	21	15	9 59	10 28	10 90
chmond	115,959	121,252	38	35	30	51	7	6	16 79	15 06	12 91
Total	5,621,151	5,751,859	1166	1229	1229	2724	1695	144	10 74	11.15	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-seven weeks of this year there were 57,973 deaths, a rate of 11.19 per 00 population. During the corresponding weeks of last year there were 66,742 deaths, a rate 13.08 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
anhattan	9	33	1	1	1	26	23	11	11	10	..	33	74	101	320	111
e Bronx	5	30	..	1	1	5	9	3	2	2	..	8	21	25	94	35
ooklyn	7	19	1	5	1	21	24	8	8	4	..	22	47	62	238	110
eens	..	11	..	2	..	10	4	1	..	1	.	2	5	8	57	33
chmond	2	5	..	..	..	2	3	1	1	..	..	1	4	6	19	10
Total	22	98	2	9	3	64	63	24	22	17	..	66	151	202	728	299

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
anhattan	64	58 9	5	4 6	5	1	87	19.7	9	2 0	5	1.1
e Bronx	25	85 2	3	10.2	1	1	31	19.2	4	2 5	1	.6
ooklyn	53	55 4	6	6.3	3	3	70	15 7	8	1.8	3	.7
eens	5	27 2	..	..	..	..	8	7 5	.	..	..	..
chmond	4	73.8	1	18.4	1	..	6	25.2	1	4 2	1	4 2
City of New York.	151	58.6	15	5.8	10	5	202	17.1	22	1.9	10	.8

During the first forty-seven weeks of this year 8,735 infants died, a rate of 72. per 1,000 births. ring the corresponding weeks of last year 10,399 died, a rate of 87. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
g 11-12-'21	41	87	3	31	21	44	1	16	16	4	..	2	..	..	..	21	..	540	114	941
mitted	9	29	6	7	3	17	1	4	1	1	..	1	..	..	..	..	..	28	7	114
charged ..	3	20	4	9	2	10	1	3	1	1	..	..	..	..	..	2	..	20	1	77
d	1	3	1	..	..	3	1	2	..	..	..	1	..	..	..	..	..	..	..	12
g 11-19-'21	46	93	4	29	22	48	..	15	16	4	..	2	..	..	..	19	..	548	120	966
tal treated	50	116	9	38	24	61	2	20	17	5	..	3	..	..	..	21	..	568	121	1055

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1229	1,166	656	573	161	19	32	202	49	66	218	490	199
1. Typhoid Fever	3	2	1	2	..	..	..	..	..	1	2	.	.
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	.
5. Measles	2	1	1	1	..	2	..	2	..	..	..	..	.
6. Scarlet Fever	2	4	1	1	..	..	2	2	..	..	..	..	.
7. Whooping Cough	3	4	2	1	3	..	..	3	..	..	..	..	.
8. Diphtheria	15	26	10	5	..	..	3	3	12	..	..	..	.
9. Influenza	9	5	6	3	..	..	..	..	..	1	3	1	4
Poliomyelitis	2	3	1	1	..	1	1	2	..	..	..	..	.
12. Other Epidemic Diseases	1	2	1	..	..	..	..	..	..	..	..	..	1
13. Pulmonary Tuberculosis	98	97	58	45	..		..	..	3	14	51	25	4
14. Tbc. Meningitis	6	7	3	3	1	1	2	4	1	1			
15. Other forms Tbc.	5	6	3	2	1	..	..	1	1	..	2	.	1
16. Cancer, Malignant Tumor	101	118	39	62	..	..	..	..	..	1	11	64	25
17. Simple Meningitis	1	9	..	1	..	..	..	..	1	..	..	..	.
17a. Cerebro-spinal Meningitis	2	4	1	1	..	..	1	1	..	..	1	..	
18. Apoplexy, Softening of the Brain	28	14	14	14	..		..	..	..	..	2	16	10
19. Organic Heart Diseases	268	221	136	132	..	..	..	..	4	6	30	111	117
20. Acute Bronchitis	3	14	..	3	..	1	1	2	..	..	..	..	1
21. Chronic Bronchitis	4	2	..	4	..	1	..	1	..	..	..	1	2
22. Lobar Pneumonia	64	65	39	25	4	3	1	8	5	7	18	19	7
22a. Broncho Pneumonia	63	50	37	26	24	5	3	32	1	1	4	11	14
23. Other Respiratory Diseases	8	6	4	4	..	..	2	2	..	2	1	..	3
24. Diseases of the Stomach (Cancer excepted)	5	7	4	1	..	..	..	..	..	..	..	3	2
25. Diarrhoeal Diseases (under 5 years)	22	34	11	11	15	3	4	22	..	..	..	..	..
26. Appendicitis and Typhilitis	16	14	9	7	..	..	1	1	2	5	6	1	1
27. Hernia, Intestinal Obstruction	6	9	5	1	1	..	..	1	..	..	1	2	2
28. Cirrhosis of Liver	10	5	9	1	..	..	..	..	.	..	3	4	3
29. Bright's Disease and Nephritis	52	68	37	45	1	..	..	1	1	3	9	37	11
30. Diseases of Women (not Cancer)	11	7	..	11	..	..	..	..		..	9	2	.
31. Puerperal Septicaemia	6	4	..	6	..	..	..	..	.	..	6	..	
32. Other Puerperal Diseases	14	10	..	14	..	..	..	..	.	4	10	..	..
33. Congenital Debility, and Malformations	80	54	46	34	78	..	2	80	..	..	..		..
34. Old Age	7	2	2	5	..			..	..	..	..		7
35. Violent Deaths	66	97	47	19	..	1	4	5	7	8	14	35	7
a. Sunstroke	.	..	..	..	..			..	..	..	..	.	..
b. Other Accidents	66	89	47	19	..	1	4	5	7	8	14	35	7
c. Homicide	..	8	..	.			..	..	..	..	..	..	..
36. Suicide	17	13	14	3	..		..	..	..	1	5	7	4
*37. All other causes	195	184	117	78	23	1	5	29	11	11	28	69	52
38. Ill-defined causes	4	2	3	1	..	..	..	..	..	..	2	1	1

Deaths in Institutions,	530	Mean temperature,	49.9 deg. Fah.
Mean barometer,	29.95	Maximum temperature,	73.0 deg. Fah.
Mean humidity,	73.9	Minimum temperature,	30.0 deg. Fah.
Precipitation,	1.35	Snow,	Trace

†If the deaths under one month, numbering 84 from all causes, be deducted from the total deaths under one year, the resulting rate will be 26 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 8, Diabetes 18, Alcoholism 0, Locomotor Ataxia 1, Paresis 8, Arterio-sclerosis 60, all other congenital causes 16.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X DECEMBER 3, 1921. No. 49.

SUSPECTED FOOD POISONING SHOULD BE REPORTED TO THE DEPARTMENT OF HEALTH.

Physicians who meet cases in which a suspicion of food poisoning is justified are requested to report the facts to the Department of Health, so that the Bureau of Food and Drugs may make an investigation.

Such illnesses are reportable in California and elsewhere, and as information accumulates in regard to their epidemiology, will doubtless become generally notifiable maladies.

In reporting suspected cases, physicians will please give information as to name, age, sex, occupation, residence, date of onset, symptoms, laboratory findings, treatment, present condition. As regards the food supposed to have caused the illness, foodstuff, when and where purchased, when eaten, by how many persons, number made ill, name and address of attending physician. Above all, the Department desires to obtain a portion of the article suspected.

Symptoms of Food Poisoning.

(*Quoted from "Food Poisoning and Food Infections," by W. G. Savage.*)

"**Incubation Period**: There is always some interval between the indigestion of the food and the onset of symptoms. The actual period varies greatly and in the writer's series of British outbreaks varied from half to forty hours or even longer. The interval most frequently recorded was from six to twelve hours. Not only does the incubation period vary in different outbreaks, but in the same outbreak widely different incubation periods have been recorded. These variations are easily explainable. In some cases the living infective bacilli are ingested with the food with none or but little of their toxic products. In such cases the incubation period will be of appreciable duration since time must elapse before the bacilli can manufacture sufficient toxins to manifest symptoms. In other cases the bacilli may be killed during the processes of manufacture, or preparation for the table, and only the heat-resisting toxic products be left. These being preformed will exert their poisonous properties rapidly. The majority of outbreaks must be looked upon as being caused by a mixture of bacilli and toxins, the bacilli having had time to grow in the food before it was consumed. In such cases varying incubation periods are likely to be met with since the amount of toxin ingested will vary with the quantity of food eaten and the degree of local bacterial contamination of the food.

Digitized by Google

"**Symptoms:** As a rule no symptoms are present during the incubation period. The onset is usually sudden. The symptoms are essentially those of marked gastro-intestinal irritation but are frequently accompanied or followed by symptoms pointing to involvment of the nervous system. Three symptoms—vomiting, diarrhoea and abdominal pain—are met with in almost every outbreak and frequently in every case. Vomiting is the least characteristic of these symptoms and is not invariably present. In the Chesterfield outbreak, for example, it was present in 75 per cent of the cases.

"The diarrhoea is usually very severe with repeated actions which, as a rule, are extremely offensive. Later in the attack the actions are more watery and frequently green in colour. The abdominal pain is nearly always severe; in some outbreaks it is spoken of as agonizing, and frequently is the first symptom complained of. Pain in other regions, such as the back or limbs, is not uncommon.

"Prostration, marked and often persisting long into convalescence, is usually present and is a characteristic feature of most of the severe attacks. Marked collapse occurs in severe cases, often giving rise to great anxiety. Cold sweats and even rigors are mentioned as symptoms in some outbreaks.

"As a rule a moderate elevation of temperature is present in the early stages of the illness. The tongue is heavily coated and the breath offensive. Headache is usually present and giddiness is frequently recorded as a symptom. Numbness and cramp in the limbs are less commonly mentioned. Severe cramps were prominent in the Chester and also in the Wigan outbreaks.

"Of other conditions which may be present the most interesting are herpes and other rashes. Herpes was recorded in a number of cases in the Bacup, Wrexham, and Derby outbreaks, and rashes were especially mentioned in the Derby, Ashton-under-Lyne, Warrington and Tollesbury outbreaks. The rash is usually stated to be erythematous or urticarial in character and may be followed, as was noted in the Derby outbreak, by well-marked desquamation.

"The severity of the symptoms varies very greatly in different outbreaks, and even in the same outbreaks. Their duration also shows considerable variation, but symptoms usually disappear after two or three days, although marked prostration may persist much longer. Very occasionally cases with a more protracted course are met with, the patients being ill for several weeks."

Prophylaxis of Food Poisoning.

As in practically all cases of food poisoning the article involved has been reported to have had an offensive or abnormal odor or taste, the exclusion of such materials from the dietary is clearly indicated.

DIPHTHERIA IN NEW YORK CITY.

Third Quarter 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City
Population	1920	2281664	747520	2038121	478571	118104	5963980
	1921	2276778	778528	2077674	497627	121262	5751869
Cases reported	1920	834	224	587	224	42	1911
	1921	581	245	502	190	58	1576
Deaths reported	1920	43	11	32	16	3	105
	1921	30	9	45	10	3	97
Case fatality	1920	.05	.05	.06	.07	.07	.05
	1921	.05	.04	.09	.05	.05	.06
Cases per 1,000 of population	1920	1.45	1.19	1.05	1.86	1.41	1.32
	1921	1.01	1.25	.96	1.52	1.90	1.09
Deaths per 1,000 of population	1920	.07	.06	.06	.13	.10	.07
	1921	.05	.05	.08	.08	.10	.06
Primary cultures	1920	2470	742	1520	646	179	5557
	1921	2499	748	1613	796	454	6110
Positive cultures	1920	476	135	344	135	20	1110
	1921	307	145	252	110	33	847
Negative cultures	1920	1846	556	1086	482	153	4123
	1921	2085	573	1290	669	409	5026
Immunizations	1920	894	16	121	13	18	1062
	1921	264	9	105	32	31	441

Digitized by Google

PROPER PREPARATION OF PARCELS FOR THE MAIL.

Post Office Notice.

The Post Office Department is inaugurating an intensive campaign for the proper preparation of parcels for the mail, and the co-operation of mailers of parcel-post packages is requested with the view of reducing damage or breakage to the minimum.

Parcels improperly packed will not be accepted for mailing.

Proper preparation of parcels includes the use of strong wrapping paper and secure tying with twine of sufficient strength to withstand the handling to which parcel-post matter is subject.

Ordinarily, parcels weighting 20 pounds or less are carried in mail sacks which are arranged in piles, therefore the wrappers should be of sufficient strength to not only resist the pressure of the other mail, but to also withstand the weight of the other sacks of mail which may be piled thereon.

It is obviously to the interest of senders to see that parcels are carefully packed, wrapped and tied securely, but they must not be sealed as sealed parcels are subject to the letter rates of postage.

Umbrellas, canes, golf sticks and similar articles must be reinforced by strips of wood or otherwise sufficiently wrapped to withstand handling and transportation.

Hats other than soft hats and caps must be packed in strong boxes which must be marked "Fragile," if in ordinary hat boxes they must be properly crated.

Shoes packed in ordinary shoe boxes will not be accepted for mailing. Shoes should be packed in double-faced corrugated pasteboard boxes or containers of equally strong material or they may be wrapped in tough wrapping paper and tied with strong twine without being placed in containers.

Cut flowers should be placed in strong and suitable boxes of wood, tin or heavy corrugated pasteboard. Flowers should be wrapped to prevent escape of moisture.

Candies in thin pasteboard boxes should be included in outer boxes of wood, tin or corrugated pasteboard.

Drawings, paintings or unmounted maps must be suitably protected with stout material to prevent damage. When not flat they should be rolled around a stout wooden stick and then carefully wrapped or included in a strong pasteboard tube.

Sharp-pointed or sharp-edged instruments or tools must have their points and edges protected, so that they can not cut through their covering and damage other mail or injure postal employees, and must be thoroughly wrapped.

Articles easily broken must be very securely wrapped for safe transmission. Glass, crockery, fragile toys, glass-framed pictures, etc., should be carefully packed in strong boxes of metal, wood, leather or corrugated pasteboard, with sufficient excelsior, raw cotton or similar matter to prevent the contents from coming in contact with any portion of the box, and the escape of particles, if broken. Such articles must be marked "Fragile."

Cigars should be packed in a manner to prevent damage by shock or jar and should be marked "Fragile."

Liquids must be specially packed and enclosed according to regulations which may be obtained at post office windows.

MORE ABOUT THE COSMOPOLITAN CANCER RESEARCH SOCIETY.

"In the issue of September 3 The Journal called attention to a campaign of free publicity that was being instituted by a Brooklyn concern that, apparently, had for sale an alleged remedy for cancer. The press-agent material was of two kinds—for medical journals and for newspapers. That which went to the medical journals was sent out on the stationery of the 'Medical News Bureau,' 77 Seventh Ave., Brooklyn. The 'manager' of the bureau was given as D. E. Woolley. The

Digitized by Google

items sent out to medical journals stated that the 'Basic Cancer Research' had been organized to develop a treatment of cancer by the use of selenium and tellurium.

"The material received by newspapers was sent out by the 'Cosmopolitan Cancer Research Society,' 847 Union St., Brooklyn (the same address as the 'Basic Cancer Research'). The 'Secretary' of the 'Cosmopolitan Cancer Research' was D. E. Woolley!

"The name of one 'Dr. Frederick Klein' loomed large in the matter sent out by the 'Cosmopolitan Cancer Research Society.' Klein, we were told, is 'the eminent authority on urinology and the chemistry of cancer.' The Journal called attention to the fact that Frederick Klein's name was not unknown in the Propaganda files, as he was the gentleman who manufactured 'Sulfo-Selene,' a product that was widely heralded in the newspapers in 1916 as a remedy for cancer. It was also brought out that Klein, who is not a physician, claims to have evolved certain remarkable urinary diagnostic tests whereby the presence of cancer, syphilis, etc., may be determined.

"More than a month after the publication of The Journal's article a letter, was received (October 8) from Frederick Klein. To quote literally from part of the letter:

> "'In the above Journal dated Sept. 3rd, Vol. 77, on page 805, regarding the 'Cosmopolitan Cancer Research Society' you have amongst others, mentioned my name Dr. Frederick Klein.
>
> "'I wish to inform you that I have given my legal adviser the order to write a note to the above Cosmopolitan Cancer Research Society, 847 Union St., Brooklyn, forbidden them to the effect that my name should not be used by above society in any form or writting in any their transactions, has been done some time ago to prevent unethical conceptions concerning myself.'"

"Shortly after the article of September 3 another item appeared in the newspapers throughout the country to the effect that the Cancer Research Society was offering a '$100,000 Cancer Prize' for a 'medicinal cure for cancer.' Many of the newspapers of the country seemed to bite on this piece of free publicity. This was in the first week of October. In the third week of the same month a Brooklyn newspaper announced that 3,000 people had submitted formulas for curing cancer to the Cosmopolitan Cancer Research Society. The article containing this announcement gave interesting descriptions of some of the 'cures' submitted and closed with the statement that the Cosmopolitan Cancer Research Society was establishing 'clinics' in various cities. It ended with the statement:

> "'All treatments are confidential. In this respect the society had the co-operation of the Brooklyn Bureau of Charities. It also has the co-operation of the American Medical Association.'

"The closing sentence is, of course, unequivocally false.

"At the time of The Journal's article the name of the particular preparation which the Basic Chemical Corporation of America was putting out was unknown. Shortly after the article appeared it was learned that the product was on the market as 'Seleni-Bascca.' A physician, himself a sufferer from carcinoma, after reading the article of September 3, sent The Journal some correspondence he had received from the Cosmopolitan Cancer Research Society regarding the alleged cure. One piece was a letter signed 'F. W. Humphrey, Acting Director; Dictated by Dr. George D. Barney,' which read in part:

> "'Our claim is a very simple one indeed, namely that the use of a proper preparation of Selenium (Seleni-Bascca) restores the Sulphur metabolism to normal; we claim that cancer cannot exist in any form, when the Sulphur metabolism is normal, the results from the proper use of Seleni-Bascca in cases of Carcinoma are quick and lasting, the Medical Profession will hardly realize that in this modest treatment a remedy for the Dreaded Carcinoma has been discovered.
>
> "'Seleni-Bascca in it's collodial form is quickly taken up by the blood stream, reaches the finest tissues and almost immediately resists the further growth of the disease. The research work has been going on since 1901, under the direction of Dr. Frederick Klein, in connection with Medical Men who have proved to their own satisfaction that Seleni-Bascca should be used as a treatment in every case of malignancy.'

"Seleni-Bascca comes in small vials containing fifty tablets. Each vial bears a label reading:

> "'SELENIBASCCA. A mixture of Colloidal Selenium in tablet form. Recommended for internal treatment of Carcinoma and some other cases of faulty metabolism.'

Digitized by Google

"Some of the preparation was turned over to the A. M. A. Chemical Laboratory with the request that the tablets be examined to determine whether or not they contained, as claimed, selenium in colloidal form. The laboratory report follows:

CHEMICAL REPORT

" 'An original vial of 'Seleni-Bascca' (Basic Chemical Corporation of America) was examined in the A. M. A. Chemical Laboratory to determine whether or not the substance contained colloidal selenium. The bottle contained 50 tablets weighing approximately 0.1 gm. (about 1½ gr.) each. The major portion of the tablet was soluble in hot water. Qualitative tests indicated the presence of chlorid, sulphate, small amount of nitrate, potassium, sodium, starch, talc and selenium. Tellurium was not found to be present. The ash was equivalent to 5.5 per cent.; over one-half of the ash consisted of a talc-like substance. The amount of selenium present in the specimen examined was only about 1.3 per cent.

" 'In the literature sent out by The Basic Chemical Corporation, 'Dr. Frederick Klein' is mentioned as chemist. Several years ago, the Council on Pharmacy and Chemistry investigated 'Sulfo-Selene,' a cancer remedy, with which the same 'Dr. Klein' was connected. The alleged composition of 'Sulfo-Selene,' as given to the Council, was:

" 'Selenium	.25
" 'Sulphur (partially in colloidal and partially in crystalloid state)	.10
" 'Potassium carbonate	.10
" 'Nitrogen	.05
" 'Bile Salts	.50

" 'To which is added an inert base or vehicle; as sugar of milk or amylum."

" 'It was claimed that 'Sulfo-Selene' was prepared by reducing nitro-selenious acid with sulphurous acid, neutralizing with potassium bicarbonate and then adding bile salts. Assuming that the composition claimed for 'Sulfo-Selene' was correct the analysis of 'Seleni-Bascca' shows that the two products resemble each other. The tests, however, failed to reveal in 'Seleni-Bascca' the presence of the bile salts claimed to have been present in 'Sulfo-Selene.' "

" 'The product is not collodial as claimed as the selenium can be removed by ordinary filtration.' "

(*Journal American Medical Association, Nov.* 19, '21.)

MORTALITY BULLETIN FOR THE WEEK ENDING NOVEMBER 26, 1921.

There were 1,184 deaths and a rate of 10.74 per 1,000 of the population reported during the week just closed, as compared with 1,232 deaths and a rate of 11.35 during the corresponding week of 1920, a decrease in the absolute number of deaths of 48 and in the relative number of deaths of 67, taking into consideration the increase in population.

The most noteworthy feature in the mortality from the infectious diseases was the considerable decrease in the number of deaths from diphtheria, there having been 11 deaths reported, as compared with 21, and from pulmonary tuberculosis, there having been 83 deaths reported, as compared with 114. The mortality from the remaining infectious diseases was very light and approximately the same as in the corresponding week of 1920.

Viewed from the point of age grouping the mortality among children was much lower than in 1920, there having been 158 deaths reported among infants under one year of age, as compared with 168, a decrease of 10; between one and five years of age 56 deaths, as compared with 80, a decrease of 24, the total decrease in the number of deaths of children under five years of age being 34. Between the ages of five to sixty-five there were 675 deaths, as compared with 690, a decrease of 15, and at ages sixty-five years and over there were 295 deaths as compared with 294, an increase of one. Four hundred and ninety-six deaths took place in institutions, equivalent to 42 per cent of all deaths during the week, and 423 deaths in tenement and apartment houses, equivalent to 36 per cent. The remaining 265 deaths occurred in private houses, hotels, streets, etc.

The death rate for the first 48 weeks of the year was 11.18 per 1,000 of the population, as compared with a rate of 13.05 in the corresponding period of 1920. From the present outlook it appears that the death rate of the City for the entire year 1921 will be slightly above 11 per 1,000 and it bids fair to be the lowest death rate by almost two points that the City has ever experienced.

From January 1st to date 72 infants under one year of age died out of every 1,000 children born, as compared with 87 deaths in the corresponding period of 1920, a decrease of 15 deaths per every 1,000 births reported. If this low infant mortality rate prevails during the last month of the year it will mean that there will have been a saving during the year 1921 of 2,025 lives of children living at this age group.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANTHRAX.—Scott, G. D. Anthrax in infancy and childhood. (N. Y. State Jour. of Med., Nov., 1921. pp. 417-425.)

CANCER.—Strobell, C. W. Painless, non-disseminating chemical removal of inoperable cancer of breast and axillary nodes, with report of the first forty cases—1898-1920. (N. Y. State Jour. of Med., Nov., 1921. pp. 411-417, illus.)

CHILD LABOR.—Mitchell, H. H. The need for special health protection of employed adolescents. (Am. J. Pub. Health, Nov., 1921. pp. 973-978, tables.)

CHILD WELFARE.—Schroeder, L. C. The public health nurse and the child of preschool age. (Pub. Health Nurse, Nov., 1921. pp. 559-561.)

FOOD HANDLERS.—Gloyne, L. B. A preliminary report on the results of a recently passed ordinance requiring a physical examination of all persons connected with food handling in restaurants, bakeries, grocery stores, etc. (Am. J. Pub. Health, Nov., 1921. pp. 963-965, tables.)

HEALTH.—N. Y. State, Health, Dept. of. Bibliography for health officers, prepared by the Division of Public Health Education. [1921.] (6 p. typewritten.) V.F

HEALTH CENTERS.—Barry, J. H. Proposed legislation concerning health centers. (Med. Rec., Nov. 19, 1921. pp. 895-897.)

MEDICAL EDUCATION.—Krause, A. K. Some problems of medical education in tuberculosis. (Am. Rev. Tuberc., Nov. 1921. pp. 755-768.)

NURSING, INDUSTRIAL.—Kefauver, C. A course in industrial nursing as given under the auspices of the Division of Industrial Hygiene of the Department of Health of New York City. (Pub. Health Nurse, Nov., 1921. pp. 583-585.)

VENTILATION.—Palmer, G. T. Ventilation, weather and the common colds—a study of the prevalence of respiratory affections among school children and their association with school ventilation and the seasonal changes in weather. (J. Lab. & Clin. Med., Aug., Sept., Oct., 1921. pp. 602-610; 685-698; 89-52; charts, tables.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 3	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26
Total deaths	1124	1059	967	959	1044	996	1019	1211	1177	1181	1123	1229	1184
Annual Death Rate	10 20	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10.68	10.71	10.19	11.15	10 74
*Acute Infectious Diseases	23	24	16	17	16	16	21	32	20	37	23	27	5
Pul. Tuberculosis..	94	83	91	76	80	75	81	91	84	99	85	98	9
Influenza	3	1	3	3	5	6	5	4	7	8	4	9	3
Lobar Pneumonia.	38	34	18	27	35	37	48	45	58	61	50	64	6
Broncho Pneum...	46	36	35	28	30	28	30	38	44	56	42	63	3
**Violent Deaths ...	71	87	69	70	65	60	68	71	68	62	69	66	7
Deaths under 1 year.	210	177	151	180	187	159	154	164	161	161	143	151	15
Rates per 1,000 births	82 5	69.6	59.2	70.6	73.3	62.3	60.3	64.1	62.9	62.8	55.8	58.6	61.3
Deaths under 5 years	288	248	216	229	242	211	208	227	228	226	192	202	24
" 5-65 years ..	608	606	546	546	575	568	559	688	657	665	629	728	68
" 65 years and over	238	205	205	184	227	217	252	296	292	290	302	299	25

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	232	190	302	287	278	174	235	279	258	269	164	266	19
Diphtheria	99	116	111	109	121	132	113	184	196	208	228	220	23
Measles	47	40	29	25	21	33	33	41	57	68	70	98	16
Scarlet Fever	30	36	46	54	69	52	33	97	135	146	115	196	13
Chickenpox	8	3	18	16	15	16	23	26	44	64	68	97	10
Influenza	5	4	11	4	14	20	21	29	29	20	18	22	3
Pneumonias	142	127	148	131	191	142	166	209	235	227	225	269	25
Typhoid Fever	70	53	70	56	33	24	24	19	22	18	13	14	3
Whooping Cough ...	126	78	108	84	104	70	58	65	43	53	34	30	3
Syphilis	230	219	444	355	355	289	220	205	275	199	255	211	23
Gonorrhoea	55	155	238	104	181	137	134	167	99	161	109	91	12
Poliomyelitis	39	26	61	69	55	38	34	42	18	17	5	5	1
Cerebro-spinal Meningitis	4	4	9	4	8	2	4	6	5	7	1	3	1
Total	1087	1051	1590	1298	1445	1129	1148	1369	1415	1452	1305	1567	166

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 26, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	553	573	540	921	823	43	12 64	13 18	12 88
The Bronx	782,016	778,528	150	130	135	270	58	6	10.47	8 71	9 05
Brooklyn	2,022,262	2,077,674	406	372	401	1017	338	45	10.39	9.34	10.07
Queens	466,811	497,627	89	78	75	150	42	8	9.70	7.65	7.86
Richmond	115,959	121,252	34	36	33	74	10	4	15 02	15.49	14 20
Total	5,621,151	5,751,859	1232	1184	1184	2432	1271	106	11.35	10.74	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-eight weeks of this year there were 59,157 deaths, a rate of 11.18 per 1,000 population. During the corresponding weeks of last year there were 67,974 deaths, a rate of 13.05 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	10	31	3	..	1	36	22	10	10	10	3	33	85	118	388	117
The Bronx	1	16	..	..	..	7	5	3	2	3	1	3	13	16	88	31
Brooklyn	5	14	2	2	5	23	9	8	8	1	1	22	51	67	191	114
Queens	2	10	..	..	..	2	2	1	1	1	.	3	5	8	39	26
Richmond	1	12	..	..	..	..	..	1	1	1	.	5	4	5	24	7
Total	19	83	5	2	6	68	38	23	22	16	5	71	158	214	675	295

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	79	72.8	7	6 4	..	7	108	24.5	10	2.3	5	1.1
The Bronx	18	61 2	1	3.4	..	1	23	14.3	2	1.2	2	1.2
Brooklyn	51	58.1	8	8.3	2	6	69	15.4	8	1.8	6	1 3
Queens	5	27 2	1	5.4	..	1	8	7.5	1	.9	..	..
Richmond	5	91.1	1	18.2	..	..	6	25.2	1	4 2	1	4.2
City of New York.	158	61.3	18	7.0	2	15	214	18.1	22	1.9	14	1.2

During the first forty-eight weeks of this year 8,895 infants died, a rate of 72. per 1,000 births. During the corresponding weeks of last year 10,567 died, a rate of 87. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 11-19-'21	46	93	4	30	22	48	..	15	16	4	.	2	..	..	..	19	..	648	120	967
Admitted	13	17	4	12	9	16	3	4	3	3	..	1	..	..	..	4	..	29	15	138
Discharged	5	20	3	17	4	7	..	6	3	1	..	1	..	..	..	..	..	17	2	86
Died	1	3	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..	..	1	7
Rem'g 11-26-'21	58	87	5	25	27	56	3	13	21	5	..	2	..	..	..	23	..	560	132	1012
Total treated	59	110	8	42	31	64	3	19	24	7	..	3	..	..	..	23	..	577	135	1105

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1184	1,232	626	558	158	24	82	214	87	49	204	385	295
1. Typhoid Fever	3	3	1	2	..	..	..	..	..	1	..	1	1
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	..	..	2	..	2	..	2	..	..	..	..	..
6. Scarlet Fever	2	4	2	..	..	..	1	1	..	..	1	..	..
7. Whooping Cough	4	4	3	1	1	3	..	4	..	..	..	..	..
8. Diphtheria	11	21	4	7	..	1	6	7	3	..	..	1	
9. Influenza	2	5	1	1	..	..	..	..	..	..	..	1	1
Poliomyelitis	4	1	2	2	..	..	3	3	1	..	..	..	..
12. Other Epidemic Diseases	6	3	4	2	1	1	1	3	..	..	2	..	1
13. Pulmonary Tuberculosis	88	114	49	34	..	1	..	1	2	9	41	28	2
14. Tbc. Meningitis	5	9	1	4	..	2	2	4	..	..	1	..	..
15. Other forms Tbc.	12	2	7	5	1	..	..	1	1	2	6	2	..
16. Cancer, Malignant Tumor	124	121	58	71	..	..	..	..	..	1	15	71	37
17. Simple Meningitis	3	4	2	1	..	..	..	..	..	..	2	1	..
17a. Cerebro-spinal Meningitis	5	2	4	1	1	..	2	3	1	..	1	..	
18. Apoplexy, Softening of the Brain	19	12	9	10	..		..	..	..	..	2	6	11
19. Organic Heart Diseases	218	242	101	112	..	..	..	..	1	6	25	82	99
20. Acute Bronchitis	6	13	2	4	4	..	..	4	..	..	..	..	2
21. Chronic Bronchitis	1	1	1	..	..	..	..	..	..	..	..	1	..
22. Lobar Pneumonia	68	70	42	26	10	3	2	15	5	5	9	19	15
22a. Broncho Pneumonia	88	59	24	14	21	5	3	29	..	..	3	..	6
23. Other Respiratory Diseases	8	6	5	3	..	..	2	2	.	1	2	2	1
24. Diseases of the Stomach (Cancer excepted)	6	8	5	1	..	..	..	..	..	..	3	3	..
25. Diarrhoeal Diseases (under 5 years)	22	27	11	11	18	4	..	22	..	..	..	.	.
26. Appendicitis and Typhilitis	18	14	12	6	..	..	1	1	3	3	7	4	..
27. Hernia, Intestinal Obstruction	18	8	3	10	2	..	..	2	..	..	1	7	3
28. Cirrhosis of Liver	5	9	4	1	..	..	..	..	..	..	1	2	2
29. Bright's Disease and Nephritis	103	87	49	54	..	..	..	..	.	4	10	47	42
30. Diseases of Women (not Cancer)	7	5	..	7	..	..	..	..	.	2	4	..	1
31. Puerperal Septicaemia	4	2	..	4	..	..	..	..	..	2	2	..	
32. Other Puerperal Diseases	5	10		5	..	..	..	..		1	4	..	
33. Congenital Debility, and Malformations	78	68	43	30	71	1	1	73	..	.	.		..
34. Old Age	9	5	2	7	.	..	..	..	..	..		2	7
35. Violent Deaths	76	82	52	24	5	1	6	12	12	3	20	21	8
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	.	
b. Other Accidents	71	74	49	22	3	1	6	10	12	2	18	21	8
c. Homicide	5	8	3	2	2	..	..	2	..	1	2		..
36. Suicide	16	15	12	4		..			..	1	3	6	1
*37. All other causes	206	198	114	92	23	..	2	25	7	3	33	78	55
38. Ill-defined causes	2	..	2	..	.	..	..	..	1	..	1	.	..

Deaths in Institutions,	496	Mean temperature,	41.7 deg. Fahr
Mean barometer,	30.07	Maximum temperature,	65.0 deg. Fahr.
Mean humidity,	78.3	Minimum temperature,	31.0 deg. Fahr.
Precipitation,	1.04	Snow,	None

†If the deaths under one month, numbering 91 from all causes, be deducted from the total deaths under one year, the resulting rate will be 26 per 1,000 births (weekly average).

* deaths from Erysipelas 5, Syphilis 12, Diabetes 22, Alcoholism 1, Locomotor Ataxia Arterio-sclerosis 56, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT *of* HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. DECEMBER 10, 1921. No. 50.

THE PUBLIC HEALTH DIVISION OF THE MUNICIPAL REFERENCE LIBRARY.

The attention of the physicians of the city is invited to the facilities of the Public Health Division of the Municipal Reference Library, on the third floor of the Department's headquarters at 505 Pearl Street.

In this library physicians interested will find a very up-to-date collection of books and pamphlets on public health matters, including preventive medicine.

The resources of the library are at the service of the profession every day from 9 to 5; Saturdays, 9 to noon; except Sundays and holidays.

N. Y. MEDICAL ASSOCIATION NOT MEDICAL SOCIETY OF THE COUNTY AND STATE OF NEW YORK.

NOTICE.

By reason of the publication in several New York papers of a statement made by Dr. John P. Davin, an executive secretary of the New York Medical Association, I have received many inquiries as to the identity of this body for which Dr. Davin purports to act. It appears that the name "New York Medical Association" with which Dr. Davin appears to be connected, is confused in the public mind with the official duly chartered and incorporated Medical Society of the County of New York and likewise of the State of New York. There is no connection whatsoever between Dr. Davin's organization and the officially legally constituted medical societies of this County and State for which I am counsel. The only medical society that was authorized by law to adopt the name "New York State Medical Association" was merged by Act of the Legislature with the Medical Society of the State of New York in 1905 under a decree of the Supreme Court. The members of these organizations have protested against the use by Dr. Davin of the name "New York Medical Association," which results in many people believing that Dr. Davin speaks as the authorized representative of the Medical Society of the County of New York or the Medical Society of the State of New York. Dr. Davin is not authorized to issue any bulletin or to speak for either of these well recognized and legally constituted medical societies.

GEORGE W. WHITESIDE,
Counsel Medical Society of the County of New York and State of New York.

Digitized by Google

LECTURES TO INDUSTRIAL NURSES.

The Health Department is considering giving a course of twelve lectures to nurses engaged in industry, or desiring to enter industrial establishments.

The course would conclude with a written examination covering the subjects touched upon in the lectures. The value of the course would be materially advanced, if field work could be included.

All nurses interested will please communicate with Christine R. Kefauver, Acting Supervisor, Division of Industrial Hygiene, and state what day of the week would be most convenient, whether afternoon or evening is preferred, and whether field work is desired.

INDUSTRIAL HEALTH POSTERS.

The following is a list of health posters, prepared for posting on bulletin boards in industrial establishments. Firms desiring these posters are requested to send their names and addresses to the Division of Industrial Hygiene, 505 Pearl Street, New York City, when the posters will be mailed to them.

POSTERS.

1. Physical Examinations.
2. Treat Your Feet Well.
3. Food and Fuel.
4. Health Notes.
5. Your Nose Knows.
6. Hand Tools.
7. Care of Milk.
8. The Common Drinking Cup.
9. Make Walking Safe.
10. On Pace Setting.
11. Why Do Stupid Things? No. 1.
12. Why Do Stupid Things? No. 2.
13. Immigration and Health.
14. Hard Times.
15. Constipation.
16. Essential Rules for Public Health.
17. Defective Lighting.
18. Success.
19. Hiring and Firing.
20. Cleanliness and Industry.
21. Dirt and Machinery.
22. Sanitary Conveniences.
23. Warming Up or Testing Automobile Engine Indoors.
24. Vacation Hints, No. 1.
25. Vacation Hints, No. 2.
26. Home Care of the Sick.
27. Some Ways to Wreck.
28. Action.
29. Dropsy.
30. The Menace of Mad Dogs.
31. Health and Cleanliness.
32. Night Air.
33. Obesity.
34. "Rout the Rat."
35. Facts About Cancer.
36. Cancer.
37. A Great Suggestion—One Thing at a Time.
38. Education as an Aid to Success.
39. Middle Age.
40. Diet.
41. Sugar in the Urine.
42. "Bright's Disease."
43. Industrial Diseases in Factories.
44. Rheumatism.
45. The Painter—The Menace of Lead Poisoning.
46. Why Some Men Fail.
47. Squaring the Man With the Job.
48. The Man and His Job.
49. Illumination and Efficiency.
50. Why Safety in the Shop.
51. Making Things.
52. The Use of White Lead in Painting.

DISINFECTION OF BRUSHES BEFORE EXPORTATION FROM JAPAN.

The following Japanese regulations regarding the exportation of brushes made of animal hair came into effect on September 1, 1921. Brushes made of animal hair are not to be exported unless the hair is disinfected at the port office or in the manner approved by the prefectural governor. Infringement on this regulation shall be punished with a fine of not exceeding 100 yen (about $50). Attempts to infringe on the regulation will also be punishable by a fine.

—(*U. S. Department of Commerce Reports, Oct. 24, 1921.*)

Digitized by Google

PREVENTION OF ANTHRAX AMONG INDUSTRIAL WORKERS.

"Because of a continued increase in the number of cases of anthrax in Great Britain, notwithstanding regulations introduced for the protection of operatives in factories, warehouses, etc., the Home Office appointed a committee to inquire into the question of anthrax in industries using wool and hair. In presenting its report in 1918, the committee recommended compulsory disinfection of raw material instead of the regulation of factory processes. A trial disinfecting station was erected, and operations were to have begun in the spring of 1921.

"The memorandum deals with the process of disinfection worked out experimentally and the establishment and equipment of the trial station as recommended by the committee. The process of disinfection is fully described in volume 1 of the report referred to above.

"Experimental investigation demonstrated the impracticability of disinfection in bales, except by methods which caused damage to the material; it also showed that anthrax spores are so well protected by nature that disinfection is untrustworthy, whatever the method adopted, unless this protection is removed.

"The principle of the method of disinfection which was worked out, was to render the spores more susceptible to disinfecting agents by exposure of the material to an alkaline solution of soap at 102 deg. F. (39 deg. C.) for 30 minutes, in three stages of 10 minutes each, then disinfect with a 2 to 2½ per cent solution of formaldehyde at the same temperature for 20 minutes in 2 stages of 10 minutes each. The material is then dried, cooled, and rebaled.

"Liverpool was selected as the site for the trial disinfecting station because the bulk of imported wool and hair arrives in Great Britain at that port and the water supply is very suitable for washing wool.

"The plan and general arrangement of the trial disinfecting station made provision for—

"1. Warehousing the materials on arrival.
"2. Disinfection.
"3. Rebaling.
"4. Recovery of grease from the soapy effluent.

"The station is driven by a steam-electric plant, and the exhaust steam from the engines is used for heating the liquids in the disinfecting machines and the air for the drying chamber.

"The main building is about 340 feet long and 30 feet wide. The ground floor has the office, engine and generators, boilers, baling press, grease-recovery room, and wool warehouse. The first floor contains the disinfecting and rebaling machinery, with storage space for disinfected material. The third story has the storage bins, part of the rebaling plant, and laboratories. All materials to be disinfected are handled before disinfection, as far as possible, mechanically. The feeding mechanism is inclosed and provided with an exhaust fan to prevent dust.

"There are 5 baths, each 33 feet long and 4 feet wide, and fitted with squeezing rollers and mechanism which causes the material to pass through the liquids at proper speed. The first 3 are used for the preliminary treatment and incidentally for washing the material. These baths are specially built wool-washing machines. The last 2 baths, used for disinfection, are specially built carbonizing machines, and are air-tight to prevent the escape of formaldehyde gas. All 5 baths are arranged so that their contained solution may be maintained at the same strength. This solution in the first three baths is heated by direct admission of steam; in the last two by steam coils.

"From the disinfecting machines the material passes into an ordinary wool-drying machine (specially designed to prevent the escape of formaldehyde vapors). The air for drying is raised to 220 deg. F., although the wool itself never reaches a temperature higher than 160 deg. F. The time in the drying machines is 15-20 minutes.

Digitized by Google

"From the drying machine the wool is conveyed to the cooling machine, cooled in a current of cold air, and rebaled immediately.

"The bales produced weigh about 300 pounds (the original weight of the bale is not given), and are given the same marks borne by the original bales.

"The thin sludge from the first-process machines is automatically removed at short intervals and run through a machine to remove the wool fibers. The liquid then passes into a tank on the floor below, where the sand is separated. From this tank the liquid flows into tanks in which it is acidified with sulphuric acid, thus causing separation of the grease, which settles out. The grease sludge is transferred to cylinders raised to a temperature of 212 deg. F., and then forced by air from an air compressor into a steam-heated filter press.

"Machinery is provided to sterilize, wash, and dry clothes worn by workmen, and bale coverings taken from original bales.

"The total cost of the equipment contained in the power plant, raw wool warehouse, disinfecting plant, wool-baling and delivery plant, grease-recovery plant, and miscellaneous equipment and services was £36,889. The total building cost was £66,000.

"To provide against the possibility of infection to workmen they are provided with overalls, which are to be washed and sterilized in the station. Shower baths and lavatories are provided, as is also a mess room.

"The capacity of the station is 1,000 pounds of clean, disinfected material per hour. The estimated cost of disinfection per pound of output is 2.75196 pence.

"The memorandum contains an appendix giving the Anthrax Prevention Act of 1919, which provides for the prohibition of the importation of goods infected with anthrax, by orders in council, and gives the Secretary of State authority to provide for the disinfection of infected goods."

—(*Public Health Reports, Nov.* 25, 1921.)

A DISEASE OF RABBITS SOMETIMES TRANSMITTED TO MAN.

Rabbits, lice, and a species of horsefly (Crysops discalis), says the U. S. Public Health Service, are all concerned in the transmission to man of an infectious disease of rodents, recently christened tularaemia. Investigations and experiments made in Utah in the summer of 1920 demonstrate that the disease originates among jack rabbits, to which it seems very fatal, and is transmitted to man, and to other rabbits, by a blood-sucking horsefly, which obtains it by biting the rabbit, and passes it on by biting the man or another rabbit. Further investigations disclose that the wild rabbits are infested with lice and that these lice also spread the disease among them. Experimental transmission by means of these lice explains how the infection is kept alive from year to year.

Tularaemia is seldom fatal to man, only one death due to it being known. It is, however, a disabling septic fever which lasts from three to six weeks and from which convalescence is slow. Its economic consequences to the victims may be serious because it attacks farmers and field workers in the busy midsummer and harvest seasons, when the fly carrier is most prevalent, and lays them up for two or three months.

PHYSICIAN WANTED IN NEW JERSEY VILLAGE.

DR. ROYAL S. COPELAND,
Commissioner of Health, New York City.

Sir: Can you put me in touch with a young doctor who would consider settling in a small village with about eight or nine hundred people in a mile radius? I had a man who came down three years ago. He did well, but has now gone traveling indefinitely. Shall be glad to hear from someone. No other doctors within three miles.

Respectfully yours,

WILLIAM L. B. CULVER, Box 34, Old Bridge, N. J.

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 3, 1921.

The health of the City during the week just closed was excellent judging from the low mortality recorded, there having been 1,153 deaths and a rate of 10.46 as compared with 1,280 deaths and a rate of 11.79 per 1,000 of the population during the corresponding period of 1920, a decrease in the absolute number of deaths of 127 and in the relative number of deaths of 147, this latter being based upon the increase in population during the year over that of 1920. A rate of 10.46 in the last week of November is a very unusual one, being much lower than any previous rate for the corresponding week during the last five years.

The outstanding feature of the week's mortality was the very small number of deaths reported from diphtheria and croup, only 9 deaths having been reported as compared with 30. During the preceding three weeks the death rate from diphtheria was approximately one-half of that during the corresponding three weeks in 1920, the past week making a fourth week during which the mortality from this cause went far below the weekly rates for many years. It will be interesting to follow this decline in the rate from diphtheria during the approaching winter and spring seasons, and it will be deemed advisable to try and correlate this decreased mortality with the introduction and use of the toxin-antitoxin injections done under the auspices of the Department to confer upon children immunity to this scourge.

There were 2 deaths reported from scarlet fever as compared with 9; 2 from encephalitis lethargica, as compared with 4; 3 from cerebro-spinal meningitis, as compared with 5; 10 from diarrhoeal diseases under five years of age, as compared with 26, and 78 from pulmonary tuberculosis, as compared with 100. It has been commented upon several times in the weekly bulletin that the death rate from pulmonary tuberculosis will be an astonishingly low one for the year 1921. For the entire City there will be a decrease of over 900 deaths from this cause as compared with the experience of the year 1920, a decrease not confined to any one borough but prevailing in all boroughs. Exactly forty years ago there were recorded in the old City of New York 492 deaths out of every 100,000 of the population from tuberculosis of the lungs; the death rate for this year will hover around 102 per 100,000 of the population, so that approximately five persons died from tuberculosis in the year 1881, as compared with one from this cause during the year 1921, the death rate having fallen from 492 to 102, a decrease of 80 per cent.

The number of deaths from organic diseases of the heart and kidney combined during the week was 367, as compared with 338. Cancer showed 118 deaths, as compared with 91. There were only 104 deaths from pneumonia during the week, as compared with 151.

Viewed from the point of age grouping, there were 140 deaths of infants under one year of age, as compared with 187, a decrease of 47 deaths. Between one and five years of age there were 49 deaths reported, as compared with 83, a decrease of 34, so that we see that the mortality during the week among children was exceedingly low. Between the ages of five and sixty-five there were 666 deaths, as compared with 709, a decrease of 43 deaths. At the age group of sixty-five years of age and over there were 298 deaths, as compared with 301, a decrease of 3 deaths.

The death rate for the first 49 weeks of the year was 11.17 per 1,000 of the population, as compared with a rate of 13.04 during the corresponding period of 1920, a decrease of 1.87 points.

From January 1st to date 72 infants out of every 1,000 born died, as compared with 86 deaths during the corresponding period of 1920, a decrease of 14 in every 1,000 births. If this low rate prevails during the few remaining weeks of the year it will mean that there will be a saving of almost 2,000 infants at this age group during the year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BOTULISM.—Doolittle, R. E. The problem of botulism in the U. S. (Am. Food Jour., Nov., 1921. pp. 14-15.)

CHILD WELFARE.—Fisher, Mrs. H. A. L. Hygiene of maternity and child welfare including school hygiene. (Royal Sanitary Institute Journal, November, 1921. pp. 121-128.)

FOOD INSPECTORS.—Crumbine, S. J. Some essential qualifications of a good food inspector. (Am. Food Jour., Nov., 1921. pp. 13-14.)

INFANT FEEDING.—Tweddell, F. Vitamines in infant feeding. (Med. Rec., Nov. 26, 1921. pp. 935-936.)

OCCUPATIONS, DISEASES AND HYGIENE.—Oliver, Thomas. Problems of industrial hygiene in relation to public health. (J. State Med., Nov., 1921. pp. 321-332.)

PLAGUE.—Spencer, R. R. A nite of the natural immunity of wild rats to plague. (U. S. Public Health Service, Public Health Reports, Nov. 18, 1921. pp. 2836-2837.)

PUBLIC HEALTH.—Brown, P. K. Coordination of public health activites. (Am. J. Pub. Health, Nov., 1921. pp. [illegible] 1004, tables.)

SMALLPOX.—Frankel, L. K. Smallpox incidence and measures of control in American and Canadian cities, 1919 and 192[illegible] (Am. J. Pub. Health, Nov., 1921. [illegible] 979-985, tables.)

SYPHILIS.—Tumpeer, I. H. Syphilis in the third generation. (Am. J. Syphils, Oct. 1921. pp. 601-613, illus.)

TEETH.—U. S. Public Health Service. Good teeth. The importance of good teeth and the prevention of decay. (Public Health Reports, Nov. 18, 1921. pp. 2825-2832.)

VITAMINES.—Harrow, Benjamin. Vitamins essential food factors. Dutton. 1921. 219 p. 241.1H2

VITAMINS.—Macleod, J. J. R. Vitamins and deficiency diseases. (J. Lab. & Clin. Med., Oct., 1921. pp. 60-68)

X-RAY.—O'Brien, F. W. Some criteria of X ray diagnosis. (Bost. M. & S. J., Nov. 17, 1921. pp. 591-594.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 10	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3
Total deaths	1059	967	959	1044	996	1019	1211	1177	1181	1123	1229	1184	1[illegible]
Annual Death Rate	9.61	8.77	8.70	9.47	9.04	9.24	10.98	10 68	10 71	10.19	11.15	10.74	10 [illegible]
*Acute Infectious Diseases	24	16	17	16	16	21	32	20	37	23	27	27	[illegible]
Pul. Tuberculosis..	88	91	76	80	75	81	91	84	99	85	98	83	[illegible]
Influenza	1	3	3	5	6	5	4	7	8	4	9	2	[illegible]
Lobar Pneumonia.	34	18	27	35	37	43	45	58	61	50	64	68	[illegible]
Broncho Pneum...	36	35	23	30	28	30	38	44	56	42	63	38	[illegible]
**Violent Deaths ...	87	69	70	65	60	68	71	68	62	69	66	76	[illegible]
Deaths under 1 year.	177	151	180	187	159	154	164	161	161	143	151	158	[illegible]
Rates per 1,000 births	69.6	59.2	70.6	73.3	62.3	60.3	64.1	62.9	62.8	55.8	58.6	61.3	64.[illegible]
Deaths under 5 years	248	216	229	242	211	208	227	228	226	192	202	214	[illegible]
" 5-65 years ..	606	546	546	575	568	559	688	657	665	629	728	675	[illegible]
" 65 years and over	205	205	184	227	217	252	296	292	290	302	299	295	[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	190	302	287	278	174	235	279	258	269	164	266	190	2[illegible]
Diphtheria	116	111	109	121	132	113	184	195	203	228	220	259	2[illegible]
Measles	40	29	25	21	88	83	41	57	68	70	93	166	1[illegible]
Scarlet Fever	36	46	54	69	52	83	97	135	146	115	196	184	1[illegible]
Chickenpox	8	18	16	15	16	23	26	44	64	68	97	104	1[illegible]
Influenza	4	11	4	14	20	21	29	29	20	18	22	20	[illegible]
Pneumonias	127	148	131	191	142	166	209	235	227	225	269	263	2[illegible]
Typhoid Fever	58	70	56	88	24	24	19	22	18	18	14	23	[illegible]
Whooping Cough ...	78	108	84	104	70	58	65	43	58	34	80	37	[illegible]
Syphilis	219	444	355	355	289	220	205	275	199	255	211	201	2[illegible]
Gonorrhoea	155	238	104	181	137	184	167	99	161	109	91	120	1[illegible]
Poliomyelitis	26	61	69	55	38	34	42	18	17	5	5	11	[illegible]
Cerebro-spinal Meningitis	4	9	4	8	2	4	6	5	7	1	3	6	[illegible]
Total	1051	1590	1298	1445	1129	1148	1369	1415	1452	1305	1567	1662	17[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 3, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	547	585	502	1183	708	56	12 51	12 26	11 50
The Bronx	732,016	778,528	142	126	121	254	169	12	9.91	8.44	8 11
Brooklyn	2,022,262	2,077,674	460	369	392	894	338	37	11.73	9.27	9.84
Queens	466,811	497,627	88	87	108	230	96	8	9.59	9.12	11.32
Richmond	115,959	121,252	43	36	30	40	21	1	18.99	15 49	12 91
Total	5,621,151	5,751,859	1280	1153	1153	2561	1327	114	11.79	10 46	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-nine weeks of this year there were 60,310 deaths, a rate of 11.17 per 1,000 population. During the corresponding weeks of last year there were 69,354 deaths, a rate of 13.04 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	8	30	2	4	5	22	24	10	10	9	3	48	81	103	315	117
The Bronx	1	24	..	..	8	1	1	1	1	..		7	6	10	77	39
Brooklyn	7	9	1	2	2	17	25	5	5	1	6	24	38	59	209	101
Queens	..	7	..	1	1	5	2	..	..	..	..	7	14	16	40	31
Richmond	..	8	..	..	..	..	..	..	..	..	..	2	1	1	25	10
Total	16	78	3	7	8	52	52	16	16	10	9	83	140	189	666	298

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	68	62 8	7	6 5	4	5	85	19 3	7	1.6	5	1.1
The Bronx	12	40 9	1	3.4	..	..	16	9 9	2	1.2	2	1.2
Brooklyn	48	44.8	2	2.1	..	1	66	14 8	6	1.8	4	.9
Queens	16	86 8	..	..	..	..	21	19 8	1	9	1	.9
Richmond	1	18 3	.	..	..	..	1	4.2	..	..	..	..
City of New York.	140	54 4	10	3.9	4	6	189	16.0	16	1 4	12	1 0

During the first forty-nine weeks of this year 9,033 infants died, a rate of 72. per 1,000 births. During the corresponding weeks of last year 10,754 died, a rate of 86. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 11-26-'21	58	87	5	25	27	56	3	13	22	5	..	2	..	..	..	23	..	560	182	1013
Admitted	19	28	15	21	8	15	1	5	7	1	..	1	..	..	..	17	..	16	9	163
Discharged	14	19	4	27	4	10	..	5	4	3	..	1	..	..	..	3	..	20	..	114
Died		3	..	..		1	..	..	..	..	..	..	..	..	..	..	..	..	1	5
Rem'g 12-3-'21.	58	93	16	19	31	60	4	13	25	3	..	2	..	..	..	37	..	556	140	1057
Total treated	72	115	20	46	35	71	4	18	29	6	..	3	..	..	..	40	..	576	141	1176

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1158	1,280	592	561	140	18	31	189	38	59	215	354	292
1. Typhoid Fever	1	2	..	1		..	..	..	..	1	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	.	..	..	..	..
5. Measles	..	4	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever	2	9	..	2	..	..	1	1	1	..	..	..	..
7. Whooping Cough	5	3	2	3	..	2	2	4	..	..	..		1
8. Diphtheria	9	30	5	4	1	..	6	7	2	..	..		..
9. Influenza	7	8	4	3	..	..	..	..	..	..	3	2	2
Poliomyelitis	1	1	1	..	..	1	..	1	..	..	..	..	..
12. Other Epidemic Diseases	2	3	1	1	1	..	..	1	..	..	..	1	..
13. Pulmonary Tuberculosis	78	100	47	31	..	..	..	..	1	21	32	21	3
14. Tbc. Meningitis	4	8	4	..	1	..	2	3	..	1	..		..
15. Other forms Tbc.	5	10	..	5	1	..	..	1	..	1	2	1	..
16. Cancer, Malignant Tumor	118	91	47	71	..	..	..	..	1	1	19	53	44
17. Simple Meningitis	1	8	..	1	..	..	1	1	..	..	..	..	..
17a. Cerebro-spinal Meningitis	3	5	1	2	..	1	..	1	1	..	..	1	
18. Apoplexy, Softening of the Brain	15	18	8	7	..		..	..	..	..	3	6	6
19. Organic Heart Diseases	274	251	128	146	..	..	1	1	8	7	30	119	109
20. Acute Bronchitis	8	12	4	4	5	1	1	7	1	..	..	..	..
21. Chronic Bronchitis	2	..	1	1	..	..	..	..	..	..	..	1	1
22. Lobar Pneumonia	52	81	27	25	11	3	1	15	..	2	13	11	11
22a. Broncho Pneumonia	52	70	25	27	23	6	7	36	..	..	4	3	9
23. Other Respiratory Diseases	7	12	4	3	1	..	..	1	..	..	1	3	2
24. Diseases of the Stomach (Cancer excepted)	8	11	7	1	..	..	..	..	..	1	3	2	2
25. Diarrhoeal Diseases (under 5 years)	16	26	9	7	10	3	3	16	..	..	..	..	
26. Appendicitis and Typhilitis	16	17	10	6	..	..	..	..	3	2	6	4	1
27. Hernia, Intestinal Obstruction	13	9	6	7	..	..	..	..	..	..	5	5	3
28. Cirrhosis of Liver	6	10	2	4	..	..	..	..	..	..	1	3	2
29. Bright's Disease and Nephritis	79	77	38	41	..	.	..	..	.	..	16	28	35
30. Diseases of Women (not Cancer)	4	9	..	4	..	..	.	..	..	..	3	1	..
31. Puerperal Septicaemia	..	..	..	..	..	..	.	..	..	..	..	..	.
32. Other Puerperal Diseases	10	10	.	10	..	.	..	..	..	3	7	..	
33. Congenital Debility, and Malformations	69	72	34	35	69	..	..	69	..				..
34. Old Age	3	7	1	2	..	..	..	..	..	..	..	..	3
35. Violent Deaths	92	78	69	23	..	1	2	3	13	7	35	22	12
a. Sunstroke	.	..	..	..	..		..	..	..	..	..	..	.
b. Other Accidents	88	70	60	23	..	1	2	3	13	5	29	21	12
c. Homicide	9	8	9*	..	..	..	..	..	..	2	6	1	..
36. Suicide	10	9	7	3	..	..		..	..	1	5	4	..
*37. All other causes	175	221	97	78	17	..	3	20	6	9	26	62	52
38. Ill-defined causes	6	3.	3	3		.	1	1	1	2	1	1	..

Deaths in Institutions,	468	Mean temperature,	43.3 deg. Fahr.
Mean barometer,	29.71	Maximum temperature,	59.0 deg. Fahr
Mean humidity,	77.10	Minimum temperature,	35.0 deg. Fahr
Precipitation,	1.37	Snow,	None

†If the deaths under one month, numbering 87 from all causes, be deducted from the total deaths under one year, the resulting rate will be 21 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 5, Diabetes 19, Alcoholism 3, Locomotor Ataxia 4, Paresis 0, Arterio-sclerosis 57, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. DECEMBER 17, 1921. No. 51.

TEMPORARY DEPARTMENT CLINICS FOR CRIPPLES.

In order to meet the popular demand for examination of cripples by the Viennese surgeon, Dr. Adolph Lorenz, the Commissioner has arranged for free clinics, at which those desirous of examination may be seen by Dr. Lorenz, if their cases are deemed suitable.

Dr. Lorenz particularly desires cases of congenital talipes, and hip and knee dislocations (in children under 6 years of age) and joint ankyloses. He does not wish cases of cerebral or spinal cord disease, rheumatic affections, spinal curvature, or aggravated cases of poliomyelitis paralysis.

For next week, and for an indefinite time thereafter, the following clinics will be held:

Monday, December 19th—Clinic at Department of Health, 505 Pearl Street, Borough of Manhattan, 10 a. m. to noon.

Wednesday, December 21st—Clinic at Department of Health, Flatbush Avenue and Willoughby Street, Borough of Brooklyn, 10 a. m. to noon.

Friday, December 23rd—Clinic at Department of Health, 505 Pearl Street, Borough of Manhattan, 10 a. m. to noon.

As, in all probability, Dr. Lorenz will be unable to see all who apply, those who are disappointed will be given lists of orthopedic surgeons and institutions available in this city, of which the following is a copy:

ORTHOPEDIC HOSPITALS.

Borough of Manhattan

N. Y. Orthopedic Hospital, 420 E. 59th Street. 1 to 3:30 P. M. Daily.
Names of Physicians.

Dr. Russell A. Hibbs
Dr. B. P. Farrell
Dr. R. E. Humphries
Dr. H. A. Durham
Dr. E. W. Lawrence
Dr. R. Burbank
Dr. C. H. Taylor
Dr. A. E. Thelts
Dr. N. Mills
Dr. A. De F. Smith
Dr. H. O. Leonlattus

Digitized by Google

N. Y. Ruptured and Crippled Hospital, 321 E. 42nd Street. 1 to 3:00 P. M. Da

Names of Physicians.

Dr. Gibney
Dr. Royal Whitman
Dr. H. L. Taylor
Dr. Charleton Wallace
Dr. Percy Roberts
Dr. Whitbeck
Dr. W. L. Sneed
Dr. Samuel Kleinberg
Dr. A. Whitman
Dr. Wm. Frieder
Dr. J. P. Morrill
Dr. Irving Balensweig
Dr. Isadore Zadek
Dr. Toufick Nicola
Dr. Moffat
Dr. E. E. Van Derwerker
Dr. E. L. Barnett
Dr. Rosen
Dr. A. Krida

Reconstruction Hospital, Central Park West and 100th Street. 9 to 12, Tuesd Thursday All Day.

Names of Physicians.

Dr. Charlton Wallace
Dr. Arthur H. Cilley
Dr. W. A. Healey
Dr. Christopher G. Smith
Dr. Herbert Bergamini

Hospital for Joint Diseases, 1917 Madison Avenue. 1 to 3:30 P. M.

Names of Physicians.

Dr. Henry W. Frauenthal
Dr. Herman C. Frauenthal
Dr. Harry Finkelstein
Dr. Walter C. Cramp
Dr. Philip M. Grausman
Dr. David H. Levy
Dr. I. Arthur Stoloff
Dr. Alfred W. Pollak
Dr. Samuel A. Jahss
Dr. Albert L. Levy
Dr. Harry C. Stein
Dr. Max Strunsky
Dr. Arthur I. Boyer
Dr. Walter I. Galland
Dr. Emery Wahl
Dr. Eugene E. Eising
Dr. Nicol M. Mandl
Dr. Florence V. Ralston
Dr. A. I. Lowenthal
Dr. Peter Yudkowsky
Dr. Alex. M. Gluckstein
Dr. Augustus Wolff
Dr. David Goldblatt
Dr. Louis Shaffer
Dr. Charles Mester
Dr. Julius Pincus
Dr. William Feldman
Dr. Herbert Adler
Dr. Joseph G. Wishner
Dr. Harold Lusskin
Dr. Isadore S. Tunick
Dr. Samuel Blumenfeld
Dr. S. P. Levy
Dr. L. Sasover
Dr. H. Drey
Dr. I. E. Greenberg
Dr. Philip J. Lipsett

Borough of Brooklyn

House of St. Gile's, 1346 President Street. 9 A. M. Until Finished.

Names of Physicians.

Dr. Charles D. Napier
Dr. Frank E. Rend
Dr. Frank F. Lyne

Digitized by Google

GENERAL HOSPITALS MAINTAINING ORTHOPEDIC CLINICS.

N. Y. Post Graduate Hospital, 303 E. 20th Street. 3 to 4 P. M.

Names of Physicians.

Dr. Fred H. Albes	Dr. Martin L. Jones
Dr. Charles Ogilivy	Dr. John C. Faries
Dr. Leo Mayer	Dr. Carl H. Fornell
Dr. S. E. Sprague	Dr. B. Mossat
Dr. Elma P. Weigel	Dr. Mark Cohn
Dr. Samuel Kleinberg	Dr. Isidore Zadik
Dr. Morris Frank	Dr. Wm. Jerome Arlitz

Mt. Sinai Hospital, 5th Avenue and 100th Street. 1 to 2:30 P. M.

Names of Physicians.

Dr. D. P. Nathan	Dr. Sigmund Epstein
Dr. Roberts	Dr. R. A. Cottner
Dr Edgar Oppenheimer	Dr. I. M. Leady

N. Y. Hospital, 8 West 16th Street. 10 to 11 A. M.

Names of Physicians.

Dr. Irving Sternhardt	Dr. Earl Van Der Werker

St. Luke's Hospital, Amsterdam Avenue and 113th Street. 1 to 2:30 P. M.

Names of Physicians.

Dr. P. H. Meyers	Dr. J. R. Scott
Dr. Urquhart	Dr. Mathews

St. Vincent's Hospital, 7th Avenue and 11th Street. 2:30 to 5.

Names of Physicians.

Dr. Reginald S. Sayre	Dr. Raymond Voisinet

Broad Street Hospital, 129 Broad Street (Infantile Paralysis by Electricity).

Names of Physicians.

Dr. Robert T. Morris	Dr. Wm. H. Dieffenbach
Dr. Herbert Taylor	Dr. Lewis Fox

Harlem Hospital, Lenox Avenue and 136th Street. 10 A. M. Until Finished.

Names of Physicians.

Dr. Henry Scott	Dr. I. Irish

Cornell University Dispensary, 28th Street and 1st Avenue. 1 to 4 P. M.

Names of Physicians.

Dr. Charlton Wallace	Dr. Irving Ballenswerg
Dr. Arthur H. Cilley	Dr. W. V. Healy

Borough of The Bronx.

Lebanon Hospital, Westchester and Cauldwell Avenues. 1:30 to 3:30 P. M.

Names of Physicians.

Dr. Samuel Kleinberg	Dr. Jack Grossman
	Dr. L. Winderman

Digitized by Google

Fordham Hospital, Southern Boulevard. Tuesday, Thursday and Saturday. 9:30 A. M. Until Finished.

Names of Physicians.

Dr. Samuel W. Borrstein — Dr. Mark Louri
Dr. Samuel Bordy — Dr. Mark Cohn
Dr. Hyman Hershberg

Gouverneur Hospital, Gouverneur Slip. 2 to 4 P. M.

Names of Physicians.

Dr. Barry — Dr. Schwartz

Community Hospital, 19 W. 101st Street. Thursday, 2 to 4 P. M.

Name of Physician

Dr. Raulfton

Borough of Brooklyn.

L. I. College Hospital, Henry and Amity Streets. 10 to 12 A. M.

Names of Physicians.

Dr. J. C. Rushmore — Dr. F. L. Fisher
Dr. Herbert C. Fett — Dr. Horace G. Dunham
Dr. J. B. LePiscope — Dr. Wolff

Brooklyn Hospital, Raymond and DeKalb Avenues. Monday, Wednesday and Friday, 12:30 to 2 P. M.

Names of Physicians.

Dr. Hunter — Dr. Sherwood
Dr. Donald E. McKenna

Kings County Hospital, Clarkson Street. Wednesday, 1 to 3 P. M.

Names of Physicians.

Dr. Chas. D. Napier — Dr. Williams
Dr. Van Wart — Dr. MacIlvene

Borough of Queens.

Jamaica Hospital, Jamaica. Tuesday, Thursday and Saturday. 1 to 3 P. M.

Dr. Courpen

Borough of Richmond.

Staten Island Hospital. Monday and Friday, 3 to 4 P. M.

Name of Physician.

Dr. Ware

THE DEPARTMENT OF HEALTH'S VENEREAL DISEASE WORK

Recent Progress.

Special educational methods are now being employed at the Kingston Avenue Hospital, through the co-operation of the Department of Education, to give elementary educational instruction to women of the prostitute type who are under the care of this hospital for the treatment of venereal disease. The type of work which these patients have voluntarily engaged to do, under the instructors assigned by the Department of Education, is truly remarkable, and the achievements are particularly satisfactory, considering how short a period these women spend in our hospital. It is greatly to be desired that this type of vocational

Digitized by Google

training be continued after the women leave our institution. For this end, efforts will be made to interest those who are at the head of the various Big Sister Movements, to co-operate with the Departments of Health and Education.

Recently, a meeting was held with the representatives of the Venereal Disease Section of the Out-patient Clinic Society, and arrangements were made for a joint revision of circulars of instruction to be given by physicians and dispensaries to persons affected with syphilis and gonorrhoea. In addition, action was taken to induce this section to use its influence in persuading venereal disease clinics, which failed to conform to high standards of service or equipment, to correct these defects.

THE AMERICAN SOCIAL HYGIENE ASSOCIATION.

At the eighth annual meeting of the American Social Hygiene Association, held in New York City, November 18 last, Dr. Hermann M. Biggs, state health commissioner of New York, was re-elected president, Dr. William S. Keller of Cincinnati, and Dr. John H. Stokes of Rochester, Minn., vice-presidents.

NEW HOSPITAL PLANS NURSEMAIDS' SCHOOL.

A school for nursemaids, where they may learn to care intelligently for babies, will be a feature of the new Fifth Avenue Hospital when it is completed. The course will be of one year's duration. A diploma will be granted, and an employment bureau, to obtain positions for graduates, maintained in connection with the school.

St. Christopher's Babies' Hospital, in Brooklyn, has a course of two years during which young women pupils are instructed in how to care for sick babies. They, however, graduate, as baby-nurses.

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 10, 1921.

There were 1,201 deaths and a rate of 10.89 reported during the week, as compared with 1,144 deaths and a rate of 10.54 during the corresponding week of 1920, an increase in the absolute number of deaths of 57 and in the rate of .35 of a point, which is equivalent to a relative increase of 39 deaths. This increase in the mortality was not due to any greater prevalence of the infectious diseases, the mortality from these causes being approximately the same as in the corresponding week of 1920.

The causes that showed an increased mortality were those that come with middle or advanced age, there having been 270 deaths reported from organic heart diseases as compared with 222, an increase of 48 deaths and 101 deaths from chronic Bright's disease, as compared with 74, an increase of 27 deaths. The mortality from the pneumonias was exactly the same, 120 deaths. Pulmonary tuberculosis showed an increase of 8 deaths.

Viewed from the point of age grouping the mortality of infants under one year of age was almost exactly the same, there being a difference of only one death. Between one and five years of age there were 50 deaths reported, as compared with 61, a decrease of 11 deaths. The age group of sixty-five years and over showed a considerable increase, there having been 315 deaths reported during the week, as compared with 264, an increase of 51 deaths.

The death rate for the first 50 weeks of 1921 was 11.17 per 1,000 of the population, as compared with a rate of 13.00 during the corresponding period of 1920, a decrease of 1.83 of a point.

From January 1st to date 71 infants died out of every 1,000 births reported, as compared with 86 deaths at this age group in the corresponding period of 1920, a decrease of 15 deaths out of every 1,000 children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BLINDNESS.—Harman, N. B. Causes and prevention of blindness (with discussion). (Brit. M. J., Nov. 5, 1921. pp. 727-733, tables.)

BREAD.—Merrill, Sara. Some curious breads that feed the world. (Forecast, Dec., 1921. pp. 370-373; 408, illus.)

CLIMATE.—Hudson, Bernard. Mountain climate in health and disease. (Brit. M. J., Nov. 5, 1921. pp. 743-745.)

CLINICS.—Wile, I. S. The children's clinic of the future. (Arch. Pediat., Nov., 1921. pp. 727-731.)

DRUG ADDICTION.—Bishop, E. S. The neglect of the narcotic drug problem. (Med. Rec., Dec. 3, 1921. pp. 985-988.)

FOOD.—Bean, E. H. Food fundamentals; a discussion of food based on experience from the viewpoint of an osteopathic physician, together with a study of ill-health caused by wrong habits of living. Health Fundamentals Pub. Co. 3rd ed. 1921. 194 p. 641B37

HEALTH EDUCATION.—Herben, B. S. Jack O'Health and Peg O'Joy; a fairy-tale; with jingles by school children of Public School No. 15 of New York City. Scribner. 1921. 39 p., illus. 614 H41

HEALTH EDUCATION.—U. S. Education, Bureau of. Your opportunity in the schools, by L. Emmett Holt. 1921. 14 p., illus. (Health Education No. 9.) VF

INFLUENZA.—Harris, L. I. War and influenza. (Survey, Dec. 3, 1921. pp. 365-366.)

MENTAL HYGIENE.—Macdonald, V. M. Mental hygiene of children. (Am. J. Nursing, Oct., Nov., Dec., 1921. pp. 6-8; 90-92; 174-176.)

SHOES.—Faorweather, S. D. Modern footwear as a cause of fatigue, muscular rheumatism, and flat-foot. (Lancet, Nov. 12, 1921. pp. 1019-1022.)

VENEREAL DISEASES.—Patterson, R. S. Age, sex, and marriage in relation to incidence. (Social Hygiene, Oct., 1921. pp. 457-463, charts.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 17	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10
Total deaths	967	959	1044	996	1019	1211	1177	1181	1123	1229	1184	1153	1201
Annual Death Rate	8.77	8.70	9.47	9.04	9.24	10.98	10.68	10.71	10.19	11.15	10.74	10.46	10 89
*Acute Infectious Diseases	16	17	16	16	21	32	20	37	23	27	27	20	29
Pul. Tuberculosis..	91	76	80	75	81	91	84	99	85	98	83	78	94
Influenza	8	8	5	6	5	4	7	8	4	9	2	7	8
Lobar Pneumonia.	18	27	35	37	43	45	58	61	50	64	68	52	64
Broncho Pneum...	35	28	30	28	30	38	44	56	42	63	38	52	56
**Violent Deaths ...	69	70	65	60	68	71	68	62	69	66	76	92	61
Deaths under 1 year.	151	180	187	159	154	164	161	161	143	151	158	140	161
Rates per 1,000 births	59.2	70.6	73.3	62.3	60.3	64.1	62.9	62 8	55.8	58.6	61.3	54.4	62.5
Deaths under 5 years	216	229	242	211	208	227	228	226	192	202	214	189	211
" 5-65 years ..	546	546	575	568	559	688	657	665	629	728	675	686	675
" 65 years and over	205	184	227	217	252	296	292	290	302	299	295	298	315

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	302	287	278	174	235	279	258	269	164	266	190	213	349
Diphtheria	111	109	121	132	113	184	195	203	228	220	239	201	247
Measles	29	25	21	33	33	41	57	68	70	93	168	173	217
Scarlet Fever	46	54	69	52	83	97	135	146	115	196	184	266	225
Chickenpox	18	16	15	16	23	26	44	64	68	97	104	160	118
Influenza	11	4	14	20	21	29	29	20	18	22	20	13	25
Pneumonias	148	131	191	142	166	209	235	227	225	269	263	206	264
Typhoid Fever	70	56	33	24	24	19	22	18	13	14	23	16	6
Whooping Cough ...	108	84	104	70	58	65	43	53	34	80	87	82	116
Syphilis	444	355	355	289	220	205	275	199	255	211	291	311	285
Gonorrhoea	233	104	181	137	184	167	99	161	109	91	129	115	119
Poliomyelitis	61	69	55	38	34	42	18	17	5	5	11	3	2
inal Meningitis	9	4	8	2	4	6	5	7	1	3	6	5	8
	1590	1298	1445	1129	1148	1869	1415	1452	1305	1567	1665	1764	1981

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 10, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	513	574	550	960	927	54	11.78	13.15	12.60
The Bronx	732,016	778,528	123	128	130	291	56	14	8.59	8.53	8.71
Brooklyn	2,018,356	2,077,674	401	368	390	955	300	46	10.26	9.24	9.79
Queens	469,042	497,627	85	93	100	160	121	7	9.27	9.75	10.48
Richmond	116,531	121,252	22	38	31	51	10	3	9.72	16.35	13.34
Total	5,620,048	5,751,859	1144	1201	1201	2417	1414	124	10.54	10.89	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty weeks of this year there were 61,511 deaths, a rate of 11.17 per 1,000 population. During the corresponding weeks of last year there were 70,498 deaths, a rate of 13.00 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	14	37	1	2	5	34	26	9	8	12	3	34	89	114	331	129
The Bronx	3	21	..	..	..	5	9	1	1	..	..	1	14	20	74	34
Brooklyn	6	16	1	1	5	21	17	8	6	2	1	17	46	63	200	105
Queens	2	9	..	..	1	4	2	3	3	2	..	4	9	10	48	35
Richmond	..	11	..	..	..	..	2	1	1	..	..	1	3	4	22	12
Total	25	94	2	3	11	64	56	22	19	16	4	57	161	211	675	315

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	81	74.7	6	5.5	2	4	103	23.4	8	1.8	7	1.6
The Bronx	18	61.1	1	3.4	..	1	26	16.1	1	.6	4	2.5
Brooklyn	48	50.0	5	5.2	1	4	66	14.8	6	1.3	4	.9
Queens	11	59.7	3	16.3	..	3	12	11.3	3	2.8	..	..
Richmond	3	54.9	..	..	..	..	4	16.8	1	4.2	..	..
City of New York.	161	62.5	15	5.8	3	12	211	17.9	19	1.6	15	1.3

During the first fifty weeks of this year 9,194 infants died, a rate of 71. per 1,000 births. During the corresponding weeks of last year 10,914 died, a rate of 86. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 12-3-'21.	58	93	16	19	31	60	4	13	25	3	..	2	..	..	..	37	..	556	140	1057
Admitted	24	26	10	11	5	11	4	5	5	1	..	1	..	..	..	..	..	14	9	126
Discharged	8	18	8	13	5	21	2	5	6	1	..	1	..	..	..	4	..	14	2	108
Died	..	8	1	..	..	2	1	..	..	..	..	..	..	..	..	..	..	..	2	14
Rem'g 12-10-'21	74	93	17	17	31	48	5	13	24	3	..	2	..	..	..	33	..	556	145	1061
Total treated	82	119	26	30	36	71	8	18	30	4	..	3	..	..	..	37	..	570	149	1183

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1201	1,144	607	594	161	17	33	211	39	59	213	267	315
1. Typhoid Fever	2	5	1	1	..	..	..	..	1	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	2	..	4	..	2	2	4	..	..	..	..	..
6. Scarlet Fever	3	13	3	..	1	..	1	2	1	..	..	..	..
7. Whooping Cough	1	1	..	1	..	1	..	1	..	..	..	..	..
8. Diphtheria	17	18	9	8	1	2	5	8	7	..	2		
9. Influenza	3	9	1	2	..	..	..	..	..	..	2	..	1
Poliomyelitis	..	1	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	3	3	3	..	2	..	..	2	..	..	..	1	..
13. Pulmonary Tuberculosis	94	86	53	41	2	..	1	3	1	19	45	20	6
14. Tbc. Meningitis	7	5	5	2	1	2	1	4	3	..	..		..
15. Other forms Tbc.	7	7	5	2	..	..	..	..	1	1	3	2	..
16. Cancer, Malignant Tumor	103	106	36	67	..	..	..	..	..	..	11	60	32
17. Simple Meningitis	1	8	1	..	..	..	..	..	..	1	..	..	..
17a. Cerebro-spinal Meningitis	2	5	1	1	1	..	1	2	..	..	..	..	
18. Apoplexy, Softening of the Brain	16	19	6	10	..	..	..	..	..	..	..	9	7
19. Organic Heart Diseases	253	200	120	133	1	..	..	1	4	7	33	101	107
20. Acute Bronchitis	11	20	6	5	10	..	..	10	..	..	..	1	..
21. Chronic Bronchitis	..	3	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	64	64	39	25	8	2	5	15	1	3	12	24	9
22a. Broncho Pneumonia	56	56	29	27	26	4	5	35	1	2	2	8	8
23. Other Respiratory Diseases	7	14	4	3	1	..	..	1	..	..	1	2	3
24. Diseases of the Stomach (Cancer excepted)	10	7	7	3	1	..	..	1	..	..	2	5	2
25. Diarrhoeal Diseases (under 5 years)	19	17	7	12	15	1	3	19	..	..	..	..	..
26. Appendicitis and Typhilitis	11	16	8	3	..	..	..	..	3	2	5	1	..
27. Hernia, Intestinal Obstruction	14	13	6	8	2	..	..	2	..	..	1	4	7
28. Cirrhosis of Liver	7	6	6	1	..	..	..	..	..	..	2	2	3
29. Bright's Disease and Nephritis	101	74	54	47	..	..	1	1	..	1	10	39	50
30. Diseases of Women (not Cancer)	4	5	..	4	..	..	..	..	..	..	2	2	..
31. Puerperal Septicaemia	..	2	..	..	..	..	..	..	..	..	..	..	..
32. Other Puerperal Diseases	12	20	..	12	..	..	..	..	..	2	10	..	..
33. Congenital Debility, and Malformations	65	60	41	24	65	..	..	65	..	..	..	..	..
34. Old Age	8	6	4	4	..	..	..	..	..	..	..	..	8
35. Violent Deaths	61	66	34	27	..	..	5	5	6	8	19	16	7
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	57	62	30	27	..	..	5	5	6	7	16	16	7
c. Homicide	4	4	4	..	..	..	..	..	..	1	3	..	..
36. Suicide	16	18	10	6	..	..	..	..	..	1	10	5	..
*37. All other causes	212	192	105	107	24	2	3	29	9	11	34	64	65
38. Ill-defined causes	7	2	3	4	..	1	..	1	1	1	3	1	..

Deaths in Institutions,	490	Mean temperature,	33.4 deg. Fahr.
Mean barometer,	29.77	Maximum temperature,	43.0 deg. Fahr.
Mean humidity,	64.4	Minimum temperature,	20.0 deg. Fahr.
Precipitation,	.30	Snow,	3.0

†If the deaths under one month, numbering 93 from all causes, be deducted from the total deaths under one year, the resulting rate will be 26 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 11, Diabetes 16, Alcoholism 2, Locomotor Ataxia 2, Paresis 9, Arterio-sclerosis 55, all other congenital causes 15.

25a-2023-21-O

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. DECEMBER 24, 1921. 52

CASES OF HUMAN AND DOG RABIES IN THE CITY DEMAND SPECIAL EFFORTS TO ENFORCE MUZZLING LAW.

The following is an excerpt from an official report made by the Chief Diagnostician of the Bureau of Preventable Diseases, with reference to a case of human rabies which he saw in his official capacity, recently:

"A boy, 13 years of age, entered Bellevue Hospital, Nov. 15th, 1921, with the following history and symptoms: Patient was bitten on right forearm, about six weeks ago. The bite was a trifling one, was treated by a neighboring druggist, healed rapidly and received no more attention. On November 12, patient complained of pain in right forearm, radiating from the site of the injury. These pains persisted, were followed by muscular twitchings, extreme nervous excitability and difficulty in swallowing liquids. When seen, on November 16th, boy was delirious and in a state of violent and practically continuous chronic convulsions. He died on November 17th."

This brief quotation is one which, to the uninitiated reader, may signify little and fail to convey an adequate picture of the horrible death struggle which occurred.

This is the second case of human rabies which has occurred this year. Taken together with the fact that two rabid dogs, recently, bit at least 48 people, as detailed below, it is apparent that the Department must wage a stronger campaign against persons in the City who permit their dogs to go about unmuzzled and unleashed.

The value of the enforcement of the muzzling ordinance, as a means of preventing the spread of rabies from infected animals to others, has been sufficiently demonstrated in the past, so the Department of Health will rigidly enforce the ordinance, and, in this, it will be supported by the Police Department. With the co-operation of the magistrates, there is no doubt that we can effectively control this disease, which we find almost constantly present among dogs and cats in the City.

The druggist who attempts to doctor a dog bite is guilty of a criminal offense, and the one who treated the case reported above made himself legally liable and action will be taken, so far as the law permits, to punish him.

In the light of such occurrences, it is especially necessary to reiterate a warning, given may times before, that no druggist should attempt to treat ANY CASE

Digitized by Google

OF ILLNESS. Particularly is this true of cases of communicable disease. A druggist is not at all competent to make a proper diagnosis. There recently occurred a death from diphtheria in which a druggist had, apparently, for several days attempted to treat the patient, causing a delay in the administration of antitoxin which delay, without doubt, was responsible for the fatal ending.

Work of Two Rabid Dogs.

On October 24, a rabid dog ran through the streets of Coney Island and Sheepshead Bay and, in its travels, bit nineteen people and two dogs. These people were all given the Pasteur treatment by the Department of Health. The two dogs that were thought to have been bitten were collected and placed under observation. The dog which did the biting was a stray dog, and was shot by a policeman. The carcass was delivered to the Bureau of Laboratories where an examination was made of the brain, which showed rabies to be present.

On November 20, a dog developed rabies in Flatbush, and ran through the 74th, 78th and 79th Precincts, biting twenty-nine people. These are all taking treatment. The Department immediately notified the American Society for the Prevention of Cruelty to Animals of the necessity of collecting all stray animals that could be found. Sanitary police were placed in these Precincts to enforce the Department's muzzling ordinance. The Department appealed to the Captains of the above Precincts and they made a special effort to assist the Department and the Society, serving summonses and collecting any stray dogs that they saw. In all, 85 stray dogs were collected, and 62 summonses issued to dog owners.

While the same procedure was carried out in the Coney Island and Sheepshead Bay case, it is possible that the Flatbush dog was not found when that raid was made. The period of incubation and the vicinity in which this dog started lead one to believe it was infected by the previous case, and also proves the menace of the stray dog.

All physicians will be interested in the following, by Dr. W. L. Somerset, the Department's Chief Diagnostician:

Clinical Aspects of Rabies.

The infective agent of rabies is unknown. Its source is the saliva of infected dogs, cats, wolves, or foxes. Human beings become inoculated with this saliva through wounds of skin or mucous membranes, almost always by bites or scratches.

A rabid animal may transmit the virus during the disease, and possibly for ten days prior to onset of symptoms. When the bit is on an exposed surface, as face or hands, infection is more liable to occur than when the teeth pass through clothing.

The incubation period is usually from two to six weeks. It may be six months, or even longer.

The virus of rabies produces, either directly or through its toxins, initial excitation, subsequent depression, and ultimate destruction of all functions of the central nervous system; it produces reflex hyper-excitability, most marked in the centers of respiration and of deglutition, convulsions of cerebral origin; paralysis of spinal origin; depression; delirium; mania; death.

While the disease, in our experience, is invariably fatal, there are variations in the relative intensity of symptoms in different cases. These variations seem to depend on the quantity of virus inoculated, on the location of the bite, and on the temperament of the patient.

The earliest symptoms are, frequently, tingling and pain at, and radiating from the site of the bite. These may be the only symptoms for two or three days. They are not invariably present.

When these pains are actually present, however, they are a death warrant that cannot be set aside. Treatment after onset of symptoms is of no avail.

Digitized by Google

Either subsequent to the above, or within two or three days, or at onset of symptoms, the patient becomes excitable and voluble. His reflexes respond in an increasingly exaggerated way to stimuli that, under normal conditions, would produce no response whatever. Slight currents of air, irrespective of its temperature, produce shivering. Swallowing becomes more and more difficult. After vain attempts to swallow, fluids are forcibly ejected from mouth and nose. During this time the patient is talking, explaining, pleading anxiously, aimlessly and interminably. Insisting that he is all right, that he can drink, perfectly, if you will only bring him something that he wants, and put it in a proper receptacle, place it where he wants it, and wait till he feels like drinking it. After many changes, adjustments and readjustments, he finally tries. Smash goes the glass or other receptacle! Out spurts the mouthful of fluid over everything and everybody within range, and off goes the patient into a general convulsion of horrible intensity and persistence.

The convulsions become more frequent, more violent, and more persistent, brought on by slighter and slighter stimuli. The mere thought of swallowing seems to be enough. The voice acquires a hoarse croaking quality. Consciousness persists—the patient is rational and terror-stricken.

Death takes place within a week from onset of symptoms. It is frequently preceded by a diminution in intensity and violence of symptoms, due to exhaustion and increasing paralysis.

If the dose of virus be sufficiently large, or its route to the central nervous system direct and short, paralyses may lessen the intensity of symptoms from the onset—producing what is popularly known as dumb rabies.

There is no curative treatment. Hyoscine hydrobromate is the most effective drug in lessening the patient's agony.

MORTALITY IN THE EIGHTEENTH CENTURY.

"Our knowledge of the rates of mortality in Europe before the middle of the nineteenth century is very slight. Sweden is the only country in which accurate census enumerations and substantially correct returns of deaths have been compiled continuously since 1750. Our own Government so long ago as 1753 introduced a bill 'for taking and registering an annual account of the total number of the people, and of the total number of Marriages, Births and Deaths, and also of the total number of the poor receiving alms from every parish and extra-parochial place in Great Britain.' But the measure had to encounter considerable opposition; one honourable member 'did not believe that there was any set of men, or, indeed, any individual of the human species so presumptuous and so abandoned as to make the proposal we have just heard,' and held the project to be 'totally subversive of the last remains of English Liberty.' Another remarked that his constituents 'looked on the proposal as ominous, and feared lest some public misfortune or an epidemical distemper should follow the numbering.' These arguments seem not to have prevailed against those of the Government whips in the Lower House, but, as was noted recently, the Peers objected to the bill on second reading; nothing more was done for nearly fifty years, and enough was not done then to carry out programme we have quoted. Farr was able to make a fairly accurate comparison between the rates of mortality in London at different periods; he estimated the crude death rate in 1629-35 as 50 per 1,000, in

Digitized by Google

1728-57 as 52 per 1,000 and in 1831-35 as 32 per 1,000, but for the rest of the country we have hardly any data.

"In the current number of the Zeitschrift fur Hygiene und Injektionskrankheiten Kisskalt publishes an interesting study of death rates in the eighteenth century, largely based upon the archives of the city of Konigsberg. He has been able to determine the population, numbers of deaths, and, to some extent, the causes of deaths during the last thirty years of the eighteenth century. The following are among the more striking results of his comparison between the end of the eighteenth century and the last twenty years before the war.

"In the first year of life, the rate of mortality was not very different at the two epochs, at least in Konigsberg. The rates per 1,000 births were 217 in the eighteenth century, 258 from 1894-1903 and 186 from 1904-13. A noteworthy point is the fact that, although the infant mortality in Konigsberg in our time shows the familiar summer elevation, there is no trace of this in the eighteenth century records. The obvious explanation, that breast feeding was commoner in those days, may, Kisskalt thinks, be the true explanation since the mortality of children in the second year of life did have a summer maximum. But, as he observes, it is hard to tell whether breast feeding was really more common, as he quotes an illustration of the fact that the habit of scolding mothers for their neglect, which some may have imagined to be peculiar to public spirited spinsters of the modern upper classes, was in full working order in 1784.

"Mortality at ages 2 to 10 was far higher in the eighteenth century than now.

"In the second year of life it was 106 per 1,000 (average of the years 1774 to 1803); an important component was smallpox, to which Kisshalt devotes special attention. Taking the mortality at all ages, the average was 0.32 per 1,000, the maximum 8.58, the minimum 0.11. In one year more than 20 per cent. of the gross mortality was due to smallpox and in nine years (out of thirty-one) more than 10 per cent. The second year of life was the most dangerous age. Kisskalt reckons that of every 100 born 11.4 died of smallpox before attaining the age of ten, a result in agreement with that of an eighteenth century writer, Lange. Vaccination was introduced into Konigsberg in 1803, but at first made very little progress, partly because of the unfavorable opinion of its effects entertained by the great intellectual lion of the city, Kant, whose biographer unkindly attributed the sage's utterances on the matter to the effect of 'strange opinions and theories sporting with extremely moderate powers of observation conjoined to a once penetrating intellect.' However this may be, the epidemic of 1803 was a severe one. But the epidemics of 1806 and 1809 were much milder, and thereafter smallpox ceased to be a formidable scourge.

"Measles in the eighteenth century was a greater cause of mortality than in our time, but Kisskalt does not find any difference in the epidemiological succession; his data are not, however, suitable for an exact study. Scarlet fever, unlike measles, was not more fatal at the end of the eighteenth century than now, while Kisskalt can find no indication of any epidemics of diphtheria.

"Two pandemics of influenza fell within the period studied. That of 1782 produced a mortality comparable with the influenza of 1890—about 1.3 per 1,000; the influenza of 1800 seems to have been rather more severe. Kisskalt's memoir to which he has appended an excellent bibliography, is a valuable contribution to the literature of medical statistics."

—(*British Medical Journal, Nov.* 5, 1921.)

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 17, 1921.

There were 1,246 deaths reported during the week, with a rate of 11.30 per 1,000 of the population as compared with 1,268 deaths and a rate of 11.68, as compared to the corresponding period of 1920, a decrease in the absolute number of deaths of 22 and in the rate of .38 of a point, which is equivalent to a relative decrease of 42 deaths.

The two outstanding features of the week's mortality were the very pronounced decreases in the number of deaths from diphtheria and pulmonary tuberculosis. As to the mortality from diphtheria there were only 13 deaths reported during the week as compared with 29 during the corresponding week of 1920. The number of deaths reported during the past six weeks in the entire city from diphtheria was 75 as compared with 145 deaths in the corresponding six weeks of 1920, a decrease of 41 per cent. During the first eleven months of this year there were 814 deaths from this cause as compared with 929 deaths during the corresponding period of 1920, a decrease of 115 deaths, so it is fair to assume that the mortality from diphtheria during the year 1921 will reach a new low record, as that for 1920 was the lowest that the City has ever experienced.

The number of deaths reported from pulmonary tuberculosis during the week was 90 as compared with 125 deaths in the corresponding week of 1920, a decrease of 30 deaths. During the first eleven months of the year there were 4,733 deaths reported from this cause as compared with 5,722 deaths in the corresponding period of 1920, a decrease of 989 deaths. This decrease in the mortality has been accompanied by a decrease in the morbidity of this disease, there having been 11,895 cases reported during the first eleven months of this year as compared with 12,910 cases in the corresponding period of 1920, a decrease of 1,015 cases. This unprecedented decrease in the mortality from this cause has been ascribed to a number of factors, such as a more abundance of food, a better quality thereof, a much wider diffusion of information as to the predisposing causes of this disease, the passage of the Prohibition Act with its curtailment of alcohol as a beverage; the return of 200,000 or more soldiers to their normal ways of living and occupations with a consequent spreading of the fresh air, pure food, and exercise in the open air doctrine.

The mortality from the remaining infectious diseases was comparatively light and somewhat below the mortality from these causes during the corresponding week of 1920. Organic heart diseases showed a considerable increase, there having been 300 deaths reported during the week as compared with 233, an increase of 67 deaths.

Viewed from the point of age grouping, the mortalities among infants under one year of age and between one and five years of age were almost identical with those of the corresponding week of 1920. At the age group sixty-five years and over there was an increase of 37 deaths.

The death rate for the first 51 weeks of 1921 was 11.16 per 1,000 of the population as compared with a rate of 12.95 during the corresponding period of 1920, a decrease of 1.79 points, which means a relative decrease of over 10,000 deaths as compared with the mortality experience of the year preceding.

From January 1st to date, 71 infants under one year of age died out of every 1,000 births reported as compared with 86 deaths of infants at this age group in the corresponding period of 1920, so that the probable result will be a saving of over 2,000 lives of infants at this age group during the year 1921 as compared with 1920.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CLINICS.—Spooner, L. H. The Boston dispensary health clinic; a review of the first 400 cases. (Med. Rec., Dec. 10, 1921. pp. 1028-1030.)

FLAT FOOT.—Soule, R. E. Value of bone pin arthrodesis in the treatment of flat foot. (A. M. A. Jour., Dec. 10, 1921. pp. 1871-1874. illus.)

HEALTH EDUCATION.—Holt, L. E. Health education of children. (Internat. J. Pub. Health, Nov.-Dec., 1921. pp. 573-580.)

HEART DISEASES.—White, P. D. The problem of heart disease in the industrial worker. (J. Ind. Hyg., Dec., 1921. pp. 219-226).

HOSPITALS.—Shaw, H. L. Hospitals for babies—retrospect, introspect and prospect. (Arch. Pediat., Nov., 1921. pp. 597-709.)

INFLUENZA.—Beamish, D. W. Iodine in the prophylaxis of influenza. (Royal Army Medical Corps, Nov., 1921. pp. 381-384. illus.)

MENTAL DISEASES.—Pollock, H. M., and W. J. Nolan. Mental diseases in cities, villages and rural districts of New York State, 1915-1920. (State Hosp. Quart., Nov., 1921. pp. 38-95, tables.)

NUTRITION.—Fisher, C. F. Principles of the Pirquet method of feeding. (Med. Rec., Dec. 10, 1921. pp. 1023-1026. illus.)

ORAL HYGIENE.—Wallace, J. S. Physiology of oral hygiene. (Brit. M. J., Oct. 1921. pp. 692-694.)

POISONING.—Davis, G. G., and W. B. Hall. Chronic manganese poisoning; two cases. (J. Ind. Hyg., Dec., 1921. pp. 231-235. illus.)

TUBERCULOSIS.—Humbert, Frank. Industrial tuberculosis. (Internat. J. Pub. Health, Nov.-Dec., 1921. pp. 621-[illegible] tables.)

TUBERCULOSIS.—Paget, Owen. Tuberculosis; its climatology and sociology. (Med. Rec., Dec. 10, 1921. pp. 1026-1029.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births

For Thirteen Weeks

	Sept. 24	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17
Total deaths	969	1044	996	1019	1211	1177	1181	1123	1229	1184	1153	1201	1[illegible]
Annual Death Rate	8.70	9.47	9.04	9.24	10.98	10 68	10 71	10.19	11.15	10.74	10 46	10.89	11.[illegible]
*Acute Infectious Diseases	17	16	16	21	32	20	37	23	27	27	20	29	[illegible]
Pul. Tuberculosis..	76	80	75	81	91	84	99	85	98	83	78	94	[illegible]
Influenza	3	5	6	5	4	7	8	4	9	2	7	3	[illegible]
Lobar Pneumonia.	27	35	37	43	45	58	61	50	64	68	52	64	[illegible]
Broncho Pneum...	23	30	28	30	38	44	56	42	63	38	52	56	[illegible]
**Violent Deaths ...	70	65	60	68	71	68	62	69	66	76	92	61	[illegible]
Deaths under 1 year.	180	187	159	154	164	161	161	143	151	158	140	161	[illegible]
Rates per 1,000 births	70.6	73 3	62.3	60.3	64.1	62.9	62 8	55.8	58.6	61.3	54.4	62 5	[illegible]
Deaths under 5 years	229	242	211	208	227	228	226	192	202	214	189	211	[illegible]
" 5-65 years ..	546	575	568	559	688	657	665	629	728	675	666	675	[illegible]
" 65 years and over	184	227	217	252	296	292	290	302	299	295	298	315	[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	287	278	174	235	279	258	269	164	266	190	213	349	[illegible]
Diphtheria	109	121	132	113	184	195	208	228	220	239	201	247	[illegible]
Measles	25	21	33	33	41	57	68	70	93	168	173	217	[illegible]
Scarlet Fever	54	69	52	83	97	185	146	115	196	184	266	225	[illegible]
Chickenpox	16	15	16	23	26	44	64	68	97	104	160	118	[illegible]
Influenza	4	14	20	21	29	29	20	18	22	20	13	25	[illegible]
Pneumonias	181	191	142	166	209	235	227	225	289	268	206	264	[illegible]
Typhoid Fever	56	38	24	24	19	22	18	13	14	23	16	6	[illegible]
Whooping Cough ...	94	104	70	58	65	43	53	34	80	37	82	116	[illegible]
Syphilis	355	355	289	220	205	275	199	255	211	291	311	285	[illegible]
Gonorrhoea	104	181	137	134	167	99	161	109	91	129	115	119	[illegible]
Poliomyelitis	69	55	38	34	42	18	17	5	5	11	3	2	[illegible]
Cerebro-spinal Meningitis	4	8	2	4	6	5	7	1	3	6	5	5	[illegible]
Total	1298	1445	1129	1148	1369	1415	1452	1305	1567	1665	1764	1981	[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 17, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	589	591	578	990	1115	63	13 47	13.54	13 25
The Bronx	722,016	778,528	149	125	123	269	145	10	10 40	8 38	8 24
Brooklyn	2,018,356	2,077,674	410	405	420	874	248	39	10 49	10.17	10.55
Queens	469,042	497,627	92	84	93	200	146	5	10.98	8.70	9 75
Richmond	116,531	121,252	28	41	32	55	26	4	12 37	17.66	13 77
Total	5,620,048	5,751,859	1268	1246	1246	2388	1680	121	11.68	11.80	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty-one weeks of this year there were 62,757 deaths, a rate of 11.16 per 1,000 population. During the corresponding weeks of last year there were 71,666 deaths, a rate of 12.95 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	11	32	..	1	2	27	35	11	10	10	5	25	83	128	882	186
The Bronx	1	17	1	2	1	5	14	2	2	1	3	16	22	72	31	
Brooklyn	12	18	1	1	5	22	18	9	9	5	3	25	58	87	211	107
Queens	3	12	..	..	1	5	2	1	1	1	..	..	7	9	48	27
Richmond	..	11	..	1	..	3	1		..	..	..	5	2	4	29	8
Total	27	90	2	5	9	62	70	23	22	16	9	58	166	245	692	309

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	76	70 3	7	6 5	3	5	113	25 6	9	2.0	9	2 0
The Bronx	19	64 4	3	10 2	..	2	26	16.1	3	1 9	1	.6
Brooklyn	61	68.7	5	5 2	1	4	91	20 4	9	2.0	9	2 0
Queens	8	43 1	1	5.4	..	1	11	10.4	1	.9	2	1.9
Richmond	2	86 4	.	..	..	..	4	16.8	..	..	..	..
City of New York.	166	64 5	16	6.2	4	12	245	20 8	22	1.9	21	1 8

During the first fifty-one weeks of this year 9,360 infants died, a rate of 71. per 1,000 births. During the corresponding weeks of last year 11,077 died, a rate of 86. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 12-10-'21	96	114	14	39	31	48	5	13	24	3		2	..	..	..	33	..	556	145	1128
Admitted	30	39	9	14	4	8	2	7	11	..	..	..	..	..	..	3	..	15	12	154
Discharged	19	30	3	22		6	1	3	2	1	..	..	..	..	..	2	..	15	3	107
Died	4	9	1	1	1	3	..	..	..	..	..	1	..	..	..	..	..	..	..	20
Rem'g 12-17-'21	103	114	19	30	34	47	6	17	33	2	..	1	..	..	..	34	..	556	154	1159
Total treated	126	153	23	53	35	56	7	20	35	3	.	2	..		..	36		571	157	1277

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1246	1,268	648	598	166	34	45	245	89	49	217	387	3[illegible]
1. Typhoid Fever	2	2	2	..	..	..	..	..	..	..	2		..
2. Malarial Fever	..	..	..	..	..	..	..	..		..	..		..
5. Measles	4	3	4	..	..	2	2	4		..	..		..
6. Scarlet Fever	2	12	1	1	.	1	..	1	1	..	..		..
7. Whooping Cough	8	6	5	3	5	1	1	7	1	..	..		..
8. Diphtheria	13	29	8	5	1	1	7	9	4	..	.		
9. Influenza	5	11	3	2	1	..	..	1	1	1	1	1	..
Poliomyelitis	1	1	..	1	..	..	1	1	..	..	.		.
12. Other Epidemic Diseases	4	4	3	1	1	..	..	1	..	..	2	1	..
13. Pulmonary Tuberculosis	90	125	63	27	1	1	..	2		15	43	26	4
14. Tbc. Meningitis	8	8	5	3	1	..	2	3	4	..	1		..
15. Other forms Tbc.	10	9	5	5	2	1	1	4		1	3	2	..
16. Cancer, Malignant Tumor	106	114	42	64	..	..	1	1	..	1	10	54	40
17. Simple Meningitis	3	5	3	..	1	..	..	1	1	..	1	..	..
17a. Cerebro-spinal Meningitis	2	2	1	1	1	..	..	1	1	..	.	..	..
18. Apoplexy, Softening of the Brain	18	8	7	11	..		..	..		..	2	9	7
19. Organic Heart Diseases	290	214	133	157	1	1	1	3	1	13	33	119	121
20. Acute Bronchitis	9	12	5	4	2	2	1	5	..	1	..	1	2
21. Chronic Bronchitis	1	1	1	..	..	..	..	..				..	1
22. Lobar Pneumonia	62	90	31	31	4	5	3	12	2	2	11	22	13
22a. Broncho Pneumonia	70	62	39	31	25	8	9	42	4	1	3	6	14
23. Other Respiratory Diseases	9	6	5	4	..	2	2	4	1	..	1	3	..
24. Diseases of the Stomach (Cancer excepted)	9	4	6	3	1	.		1		..	2	4	2
25. Diarrhoeal Diseases (under 5 years)	22	25	13	9	16	2	4	22		.		..	..
26. Appendicitis and Typhilitis	16	14	10	6	.	..	..		3	2	4	7	..
27. Hernia, Intestinal Obstruction	12	12	6	6	2	1	..	3	..	..	1	6	2
28. Cirrhosis of Liver	9	7	6	3		..	.	.		..	2	5	2
29. Bright's Disease and Nephritis	89	87	43	46	1	1	..	2	2	..	16	41	28
30. Diseases of Women (not Cancer)	6	8		6	..	..				..	2	4	..
31. Puerperal Septicaemia	1	4		1	..			..		1		..	..
32. Other Puerperal Diseases	16	13		16	..	..				3	13	..	..
33. Congenital Debility, and Malformations	76	56	41	35	75	1	.	76	..			.	..
34. Old Age	6	5	1	5				..	..	..	..	..	6
35. Violent Deaths	67	76	46	21	1	2	7	10	5	5	24	10	13
a. Sunstroke	..	..		..	..	..		..			..	..	..
b. Other Accidents	58	71	39	19	1	1	7	9	5	3	20	9	12
c. Homicide	9	5	7	2	..	1	..	1		2	4	1	1
36. Suicide	16	17	13	3	..	..	..				8	6	2
*37. All other causes	180	218	94	86	24	2	3	29	3	3	28	60	52
38. Ill-defined causes	4	..	3	1	..	..		..	..	..	4	..	..

Deaths in Institutions,	520	Mean temperature,	33.3 deg. Fahr
Mean barometer,	29.78	Maximum temperature,	54.0 deg. Fahr
Mean humidity,	62.9	Minimum temperature,	15.0 deg. Fahr
Precipitation,	.19		

†If the deaths under one month, numbering 86 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 8, Diabetes 21, Alcoholism 0, Locomotor Ataxia 1, Arterio-sclerosis 53, all other congenital causes 14.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. X. DECEMBER 31, 1921. No. 53

CASE OF TRICHINIASIS IN BROOKLYN.

Mrs. J. H., 45 years of age, living in Brooklyn, was reported as suffering from a severe attack of trichiniasis, beginning on November 13th.

Patient presented severe and persistent diarrhoea, vomiting and abdominal pains. These symptoms, with prostration, continued for two weeks, at which time, puffiness of the face and severe muscular pains, especially in legs, arms and shoulders, developed. Examination of patient's blood showed an eosinophilia of 19 per cent.

Mrs. H. bought "Cincinnati bologna," on November 12th, from a meat store on Classon avenue. She ate some of this sausage on the 13th. No one else ate any of the portion she bought.

Subsequent investigation at the meat store failed to disclose any sausage in which trichinae could be demonstrated. The article in question came from a meat packing establishment regularly inspected by the Federal authorities.

Nature of Trichiniasis.

In this connection, a reminder of the known details in regard to the operations of the parasite causing this malady, may prove interesting.

Trichiniasis is a disease whose cause, a minute worm, goes into the resting stage (as a caterpillar into its cocoon) within an animal's muscles, and, when swallowed by man, unkilled by cooking, as in raw sausage, breaks out, grows to adult state, both male and female, and produces a brood of young which at once pass from the intestinal wall (in which they are born) and bore their way to the muscles. It is this migratory process which forms the painful feature of the malady, and many a case of supposed muscular rheumatism has undoubtedly been due to trichiniasis.

The severity of trichiniasis is in direct proportion to the number of unkilled embryoes swallowed. Liberated from their cysts within the meat, by the digestive process, the embryoes reach the adult state in about three days. The female, when ready to give birth to young worms (within two weeks after a person has swallowed infected meat) penetrates the intestinal wall and reaches a lymph channel. The young born there, to a number as great as 1,500 for each mother worm, are spread about by the lymphatic circulation and their own activity, and finally bore their way to the muscles. The number of adult trichinae never exceeds the number of

Digitized by Google

embryoes swallowed, since the young never develop to adult state within the intestines before passing through the muscle cyst stage in another animal. Adult trichinae, if not carried out by purgation, survive in the intestine as long as two months.

Often the disturbance caused by this disease is too slight to be noticed owing to there being but few worms. However, the worms are sometimes very numerous and cause very severe pain and general illness, indigestion and diarrhoea, high fever and great weakness, and often swelling of the face. Sometimes the disease is so severe as to resemble typhoid fever. There is no effective treatment, but death is rare.

Prevalence.—Statistics prove that in this country at least 2 per cent of all hogs are trichinous, and there is authority (Osler) for the statement that "post-mortem statistics show that from one-half to 2 per cent of all human bodies contain trichinae."

Detection of Disease.—When, a few days after having eaten raw or partially cooked pork, a person becomes ill with pains in the muscles and others of the symptoms mentioned, the suspicion of the presence of trichiniasis should be investigated by microscopical search of the intestinal discharge and, sometimes, of a minute piece of muscle cut out for examination. A blood examination is also of help, since eosinophilia is strongly suggestive of this form of infection. Trichinae have been found in the spinal fluid.

Eating of Raw Pork.—In this City, according to the chief pork and sausage dealers, several thousand pounds of pork roll (roulade) are eaten raw during the winter months. It is also stated that during the warm weather "summer sausage," made half of beef and half of pork, is consumed raw in large quantities under the names of "salame" and "cervelat." Smoked pork, raw, is also in some esteem both as ham and under the name of "Nah Schinken." Therefore, as it is well known that no examination of a carcass can make sure that the animal was not infected with trichinae, consumers of these articles should be cautioned.

Prevention.—The Federal meat inspection service long ago abandoned attempts to discover whether all hogs slaughtered for food were free from trichinae, since such determination is so difficult as to be impracticable. However, it ordered (November 1, 1914) that no ready-to-eat food preparation containing uncooked pork be allowed in interstate commerce. This goes far to protect the public, especially as State governments usually follow Federal lead in such matters.

In New York City the Department of Health included trichiniasis among diseases that all physicians must report to it, and, in view of the dangers from the disease, has issued repeated warnings against the eating of raw or incompletely cooked pork products.

TYPHOID FEVER REGISTRATION OF CHICAGO DEPARTMENT OF HEALTH.

The following is an excerpt from a letter sent to the Director of the Bureau of Preventable Diseases by Dr. John Dill Robertson, Commissioner of Health of the City of Chicago:

> "In the monthly bulletin of the Department of Health, New York City, August, 1921, there was an article written by you which states:
>
> > 'Without wishing to cast aspersions on the method of health bookkeeping maintained by one of the communities, which in the last two years has supplanted us in first place, in so far as concerns the record of relative freedom from this disease, it is to be hoped that our standard of recording typhoid fever is more rigorous than it is in it, where if we are correctly informed, it is the practice to refuse to accept the diagnosis of typhoid fever made by any physician or hospital unless it is supported by laboratory evidence, such as a positive Widal or the demonstration of typhoid bacilli in the stool, urine or blood.'

Digitized by Google

"In view of the fact that Chicago is the community which in the last two years has supplanted New York in first place, I am writing you in reference to the statement quoted above. As I feel certain it is not your intention to deliberately misconstrue the facts, I beg to advise you that you are incorrectly informed when you make the statement that you do in your bulletin regarding Chicago's procedure in typhoid cases. We accept a diagnosis of typhoid fever made by physicians or hospitals, regardless of whether a positive Widal is present or the typhoid bacilli are demonstrated in the stools, urine and blood.

"I should appreciate it if you would correct the error in your bulletin."

ANTHRAX IN PENNSYLVANIA.

urtesy of Dr. F. D. Patterson, Chief, Division of Hygiene and Engineering, Department of Labor and Industry of Pennsylvania.)

During the past few years a large number of cases of anthrax have been re- ted as occurring throughout Pennsylvania, quite a few of these cases ending death. The source of the infection was traced, in a number of instances, to ap shaving brushes made from horsehair.

Early in 1920, five workers in a horsehair dressing plant in a neighboring te contracted anthrax. Inasmuch as Philadelphia is one of the largest centers the country for the preparation of horsehair for manufacturing purposes, the ocess being known as horsehair dressing, apprehension was felt for the safety the workers in this industry. The Division of Industrial Hygiene and Engi- ering of the Pennsylvania Department of Labor and Industry, accordingly un- rtook a survey of the conditions as they existed in this State.

While no cases of anthrax were found to have occurred among these workers, ently, it was felt that this immunity was due to war-time restrictions in trade th countries where anthrax is prevalent. The removal of these restrictions ould surely lay open our workers to grave dangers from anthrax-infected hair. e Industrial Board, therefore, with this survey as a basis issued the following ling:

"All horsehair, as early as possible in the process of its manufacture, prefer- ly before the bales are opened, or with the minimum amount of handling after bales have been opened, shall be subjected to one of the following processes:

"(a) Subjection to dry heat, at a temperature of 200 deg. F., for twenty-four hours.

"(b) Subjection to steam, at 15 pounds pressure, for a period of two hours.

"(c) Boiling, with the hair constantly covered with boiling water, for three hours."

In the year 1920, there were sixteen cases of anthrax reported as occurring ong tannery workers in Pennsylvania. This number, the largest in several rs, was considered of sufficient gravity to call for a survey of this industry.

A complete report of the investigation will be published in the near future. eliminary statements have been given out to the effect that virulent anthrax ganisms have been isolated from material obtained, in approximately ten per nt of the tanneries of this State.

It is expected that after the final report on this investigation will have been omitted, the Industrial Board will be in a position to issue rulings which will, a large extent, reduce the danger of tannery workers contracting this disease.

Digitized by Google

LECTURES ON PUBLIC HEALTH EDUCATION TOPICS.

Lectures given under the auspices of the Bureau of Public Health Education, of the Department of Health, are usually in series of five. This series is as follows:

1. Food.
2. Clothing.
3. Exercise and Bathing.
4. Fatigue.
5. Sex hygiene.
   (a) The causes and menace of venereal disease.
   (b) Germ origin.
   (c) Innocent infection, by means of personal articles: pipes, cigarettes, razors, common towels, cups, etc.
   (d) Direct infection: kissing, illicit sexual relations, infection of health wife or husband, through marital relations.

The fifth lecture in the series is on sex hygiene, and is given to divided audiences, a woman lecturer addressing the women; and a male lecturer, the men. The fact that continence is compatible with health, and that the contrary is almost certain to result in the acquirement of venereal disease, is stressed.

All of these lectures are followed by a question period. This we feel to be the most valuable part of the work, as many popular superstitions are aired, and the opportunity given for refuting them. Also, personal problems are brought to light upon which advice is given, and the individual referred to such agencies as are in position to give the desired relief.

Summary of Lectures for October, 1921.

Lectures given by staff	305
Number of men addressed	7,833
Number of women addressed	5,719
Total	13,552
Lectures given by paid lecturers	37
Number of men addressed	1,256
Number of women addressed	1,106
Total	2,364

CONTROL OF VENEREAL DISEASE.

"We find then, after this excursion into our social conditions, that there is a vast deal of sexual infection kept moving about by reason of the fundamental error of an industrial and commercial or, if you like, social hygiene, which rears up a barrier to early marriage and home life, forgetting that home life is not only the safest economics, but is the safest and best protection against sexual disease."

—(*"The Control of Sex Infections," by J. Bayard Clark, M. D*

CHAULMOOGRA OIL AND LEPROSY.

The U. S. Public Health Service has felt it necessary to prevent the too optimistic and extravagant claims recently appearing in the newspapers in regard to the curative effects of chaulmoogra oil derivatives on leprosy. While the use of the oil and of its derivatives has resulted in a considerable number of apparent cures, it is as yet too soon to tell whether these will be permanent.

The ethyl esters of chaulmoogra oil, the use of which has largely supplanted the oil itself, constitute a most valuable agent in the treatment of leprosy. In treating young persons and those in the early stages of the disease, the improvement has been rapid and striking; in older persons and older cases it is not so. Of the cases paroled from the leprosy stations in the Hawaiian Islands so

Digitized by Google

about eight per cent have relapsed and returned for treatment. This was to be expected; and on the whole the results have been so favorable as to make treatment of the disease hopeful. But only time can tell.

NEW U. S. PUBLIC HEALTH SERVICE HOSPITALS.

Before the year ends the U. S. Public Health Service expects to add three more hospitals to the 14 it has opened since January 1 last. It is also preparing nine other hospitals, four of which will probably be opened by May 1 and the others a little later. All of these hospitals have either been leased from private owners or taken over from the Army or the Navy, the new construction authorized by Congress at the extra session not yet being well under way.

Hospitals put into commission during the last three months include the former Navy Hospital at Gulfport, Miss., with 150 beds; the hospitals at Jackson Park, Chicago, Colfax, Iowa and Portland, Ore., with a total of 350 beds; and the Edward Hines Junior Hospital at Maywood, just outside of Chicago, with 1,000 beds. Those to be opened in December are the Fort McKenzie at Sheridan, Wyo., and one of the two buildings at Fort Logan H. Roots, at Little Rock, Ark., with a total of 480 beds. The Navy Hospital at Las Animas, Col., 750 beds, now operated by Navy surgeons, will be taken over as soon as a suitable Public Health Service staff can be organized. These hospitals will increase the capacity of all Service hospitals to about 22,600.

Hospitals planned to be opened for 1922 include the tuberculosis hospitals at beautiful Dawson Springs, Ky., Excelsior Springs, Mo., and Rutland, Mass., with a total of 920 beds; the general hospitals at Fort Walla Walla, Wash., near the junction of the Coast Wheat and fruit belts, and at Norfolk, Va., with a total of 1,240 beds; and the neuro-psychiatric hospital in The Bronx, New York City, with 1,000 beds.

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 24, 1921.

The mortality during the week just closed took an unexpected jump as compared with that of the immediately preceding week, there having been 86 more deaths reported from all causes. The total number of deaths during the week was 1,332 with a rate of 12.08 per 1,000 of the population, as compared with 1,208 deaths and a rate of 11.13 in the corresponding week of 1920, an increase in the absolute number of deaths of 124 and in the rate of .95 of a point, which is equivalent to a relative increase of 105 deaths.

The causes of death which showed material increases were cancer with an increase of 12 deaths; organic heart disease 39 deaths; Bright's disease and nephritis 12 deaths; broncho-pneumonia 15 deaths; pulmonary tuberculosis 18 deaths, and a rather unexplainable increase of 22 deaths from digestive diseases.

From the nature of the foregoing diseases it followed that the increased mortality was chiefly among adults and persons of advanced age. At ages five to sixty-five there were 751 deaths reported, as compared with 649, an increase of 102, and at ages sixty-five years and over there were 322 deaths reported, as compared with 282, an increase of 40. At ages under five years there were 259 deaths reported, as compared with 277, a decrease of 18.

The death rate for the first fifty-two weeks of the year was 11.18 per 1,000 of the population, as compared with a rate of 12.90 during the corresponding period of 1920, a decrease of 1.72 of a point.

From January 1st to date 71 children under one year of age died out of every 1,000 children born, as compared with 85 deaths at this age group during the corresponding period of 1920, which means a saving of 14 lives out of every 1,000 born and as the births will closely approximate 135,000 during the current year it will mean a total saving of infants under one year of age of 1,890.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ASTHMA.—Rackermann, F. M. A clinical classification on asthma based upon a review of six hundred and forty-eight cases. (Am. J. Med. Sc., Dec., 1921. pp. 802-811, tables.)

CHILD HYGIENE.—Shaw, H. L. K. American Child Hygiene Association and the development of the child hygiene movement. (Mother and Child, Dec., 1921. pp. 531-542.)

CHILD WELFARE.—Abbott, Grace. Child welfare problems and standards. (Mother and child, December, 1921. pp. 552-559.)

DIPHTHERIA CARRIERS.—Beckler, Edith, and others. Diphtheria carriers among Massachusetts school children. (J. Infec. Diseases, Dec., 1921. pp. 577-579.)

FATIGUE.—U. S. Public Health Service. The physiology of fatigue; physico-chemical manifestations of fatigue in the blood, by Albert B. Hastings. 1921. 42 pp., illus. (Public Health Bull. No. 117.) VF

FOOD SUPPLY.—Sherman, C. B. Feeding our cities. (Jour. Home Econ., Dec., 1921. pp. 610-612.)

ENCEPHALITIS.—Griffith, J. P. C. Acute cerebellar encephalitis (acute cerebellar ataxia). (Am. J. Med. Sc., Dec., 1921. pp. 781-789.)

PLAGUE.—Pierce, W. D. The eternal triangle of plague—rat, flea, man. (Am. City, Dec., 1921. pp. 469-471.)

POLIOMYELITIS.—Cadwalader, W. S. The relation between poliomyelitis and epidemic (lethargic) encephalitis. (Am. J. Med. Sc., Dec., 1921. pp. 872-881.)

VENEREAL DISEASES.—Reid, G. A. Self-disinfection in the campaign against venereal diseases. (Internat. J. Pub. Health, Nov.-Dec., 1921. pp. 591-604.)

SCHOOL LUNCHES.—Iowa University. The school lunch, by Amy L. Daniels. Aug., 1921. [26.] (Extension Div. Bull No. 70.) VF

WASSERMANN REACTION.—Bayly, H. W. Wassermann reaction—its value and limitations. (Public Health [London], Nov., 1921. pp. 42-48.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Oct. 1	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24
Total deaths	1044	996	1019	1211	1177	1181	1123	1229	1184	1153	1201	1246	1332
Annual Death Rate	9.47	9.04	9.24	10.98	10.68	10 71	10.19	11.15	10.74	10.46	10.89	11.30	12.08
*Acute Infectious Diseases	16	16	21	32	20	37	23	27	27	20	29	31	43
Pul. Tuberculosis..	80	75	81	91	84	99	85	98	88	78	94	90	101
Influenza	5	6	5	4	7	8	4	9	2	7	3	5	5
Lobar Pneumonia.	35	37	43	45	58	61	50	64	68	52	64	62	82
Broncho Pneum...	30	28	30	38	44	56	42	63	38	52	56	70	76
**Violent Deaths ...	65	60	68	71	68	62	69	66	76	92	61	67	61
Deaths under 1 year.	187	159	154	164	161	161	143	151	158	140	161	166	179
Rates per 1,000 births	73.8	62.3	60.3	64.1	62.9	62.8	55.8	58.6	61.3	54.4	62.5	64.5	69.5
Deaths under 5 years	242	211	208	227	228	226	192	202	214	189	211	245	269
" 5-65 years ..	575	568	559	688	657	665	629	728	675	666	675	692	751
" 65 years and over	227	217	252	296	292	290	302	299	295	298	315	309	322

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	278	174	235	279	258	269	164	266	190	218	349	256	188
Diphtheria	121	132	113	184	195	203	228	220	239	201	247	241	232
Measles	21	33	33	41	57	68	70	93	168	173	217	240	232
Scarlet Fever	69	52	83	97	135	146	115	196	184	266	225	252	235
Chickenpox	15	16	23	26	44	64	68	97	104	160	118	143	121
Influenza	14	20	21	29	29	20	18	22	20	13	25	34	34
Pneumonias	191	142	166	209	235	227	225	269	263	206	264	307	309
Typhoid Fever	33	24	24	19	22	18	13	14	23	16	6	5	7
Whooping Cough ...	104	70	58	65	43	53	34	30	37	32	116	70	76
Syphilis	355	289	220	205	275	199	255	211	291	311	285	223	204
Gonorrhoea	181	137	134	167	99	161	109	91	129	115	119	107	68
Poliomyelitis	55	38	34	42	18	17	5	5	11	3	2	6	1
Cerebro-spinal Meningitis	8	2	4	6	5	7	1	3	6	5	3	7	4
Total	1445	1129	1142	1369	1415	1452	1305	1567	1665	1764	1981	1891	2081

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 24, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths 1920	Deaths 1921	Deaths *Corrected 1921	Births	Marriages	Still-births	Death Rate 1920	Death Rate 1921	Death Rate Corrected 1921
Manhattan	2,284,103	2,276,778	562	598	572	945	768	37	12 85	13.70	13.11
The Bronx	732,016	778,528	116	151	151	287	122	12	8.10	10.12	10 12
Brooklyn	2,018,356	2,077,674	396	448	474	775	309	39	10.14	11.25	11 90
Queens	469,042	497,627	96	107	113	140	25	14	10 46	11.22	11.85
Richmond	116,581	121,252	38	28	22	49	13	5	16.79	12 06	9 46
Total	5,620,048	5,751,859	1208	1332	1332	2196	1282	107	11.13	12 08	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty-two weeks of this year there were 64,089 deaths, a rate of 11.18 per 1,000 population. During the corresponding weeks of last year there were 72,874 deaths, a rate of 12.90 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	24	44	2	2	6	31	32	15	14	10	1	28	86	125	356	117
The Bronx	3	18	1	1	..	15	5	..	..	2	..	3	9	17	94	40
Brooklyn	8	19	2	2	4	31	32	9	9	7	2	16	70	98	226	124
Queens	2	10	..	..	..	4	7	..	..	..	..	7	13	18	57	32
Richmond	..	10	..	..	..	1	..	..	..	..	..	4	1	1	18	9
Total	37	191	5	5	10	82	76	24	23	19	3	58	179	259	751	322

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	79	78.1	11	10.2	3	9	119	27.0	13	2.9	19	4.3
The Bronx	13	48.9	1	3.4	..	..	19	11.8	1	.6	1	.6
Brooklyn	72	75.0	9	9.4	..	9	100	22.4	9	2.0	8	1.8
Queens	14	75.5	..	..	..	..	20	18.8	..	..	3	2.8
Richmond	1	18.1	..	..	..	..	1	4.2	..	..	..	..
City of New York.	179	69.5	21	8.2	3	18	259	22 0	23	1.9	31	2.6

During the first fifty-two weeks of this year 9,539 infants died, a rate of 71. per 1,000 births. During the corresponding weeks of last year 11,279 died, a rate of 85. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 12-17-'21	83	108	31	14	84	47	6	17	33	2	..	1	..	..	..	84	..	556	154	1120
Admitted	24	34	23	14	10	12	2	7	6	2	..	..	..	..	..	4	..	16	12	166
Discharged	17	34	5	10	12	13	1	6	7	1	..	..	..	..	..	..	..	14	7	127
Died	..	6	3	1	..	2	..	2	..	..	..	..	..	..	..	..	..	..	..	14
Rem'g 12-24-'21	90	102	46	17	32	44	7	16	32	3	..	1	..	..	..	38	..	558	169	1145
Total treated	107	142	54	28	44	59	8	24	39	4	..	1	..	..	..	38		572	166	1286

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1332	1,208	687	645	179	38	42	259	52	59	286	404	322
1. Typhoid Fever	1	2	1	..	..	..	..	..	1	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	6	1	4	2	1	1	3	5	1	..	..	..	..
6. Scarlet Fever	6	8	3	3	1	1	3	6	1	..	..	..	..
7. Whooping Cough	5	4	2	3	3	..	2	5			..	..	..
8. Diphtheria	20	23	8	12	7	5	4	16	3	1	..		..
9. Influenza	5	3	3	2	1	..	..	1	..	1	..	3	..
Poliomyclitis	..	1	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	1	9	1	..	1	..	..	1	..	..	..	..	..
13. Pulmonary Tuberculosis	101	93	60	41	..	..	..	..	3	18	39	36	5
14. Tbc. Meningitis	5	6	3	2	1	1	..	2	..	1	1	1	..
15. Other forms Tbc.	6	5	2	4	..	..	1	1	2	..	3	..	..
16. Cancer, Malignant Tumor	114	102	54	60	..	..	..	..	..	1	22	59	32
17. Simple Meningitis	2	5	1	1	..	1	..	1	..	..	1	..	..
17a. Cerebro-spinal Meningitis	5	3	4	1	..	1	2	3	2	..	..	..	..
18. Apoplexy, Softening of the Brain	16	14	9	7	..	..	..	..	..	..	..	6	10
19. Organic Heart Diseases	279	247	130	149	..	..	1	1	3	9	36	110	120
20. Acute Bronchitis	10	11	4	6	5	2	2	9	..	..	..	..	1
21. Chronic Bronchitis	3	2	3	..	..	..	..	..	..	..	..	..	3
22. Lobar Pneumonia	82	81	40	42	4	1	7	12	5	1	22	27	15
22a. Broncho Pneumonia	76	61	38	38	24	15	7	46	4	1	7	13	5
23. Other Respiratory Diseases	13	14	6	7	1	1	2	4	..	1	3	3	2
24. Diseases of the Stomach (Cancer excepted)	11	4	8	3	1	..	1	2	..	1	3	4	1
25. Diarrhoeal Diseases (under 5 years)	23	31	13	10	21	2	..	23	..	..	..	..	..
26. Appendicitis and Typhilitis	12	10	7	5	..	..	..	..	5	..	3	3	1
27. Hernia, Intestinal Obstruction	11	6	9	2	5	..	1	6	..	..	3	2	..
28. Cirrhosis of Liver	6	5	5	1	..	..	..	..	..	..	2	4	..
29. Bright's Disease and Nephritis	79	67	35	44	..	1	..	1	1	1	10	34	32
30. Diseases of Women (not Cancer)	9	9	..	9	..	..	..	..	..	..	5	4	..
31. Puerperal Septicaemia	1	4	..	1	..	..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	12	7	..	12	..	..	..	..		3	9	..	..
33. Congenital Debility, and Malformations	82	93	40	42	81	1	..	82	..	..	..	..	..
34. Old Age	6	5	2	4	..	..	..	..	..	..	..	..	6
35. Violent Deaths	61	78	45	16	..	..	3	3	12	6	19	10	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	58	71	42	16	..	..	3	3	12	6	16	10	11
c. Homicide	3	7	3	..	..	..	..	..	..	..	3	..	..
36. Suicide	19	15	14	5	..	..	..	..	..	4	9	5	1
*37. All other causes	242	181	131	111	22	4	3	29	9	10	38	79	77
38. Ill-defined causes	2	1	2	..	..	1	..	1	..	..	..	1	..

Deaths in Institutions,	550	Mean temperature,	82.7 deg. Fahr.
Mean barometer,	29.99	Maximum temperature,	54.0 deg. Fahr.
Mean humidity,	64.3	Minimum temperature,	7.0 deg. Fahr.
Precipitation,	1.07	Snow,	2.1

deaths under one month, numbering 98 from all causes, be deducted from the total one year, the resulting rate will be 31 per 1,000 births (weekly average).
s deaths from Erysipelas 1, Syphilis 11, Diabetes 29, Alcoholism 1, Locomotor Ataxia , Arterio-sclerosis 84, all other congenital causes 10.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Park St., New York, N. Y. Entered as second-class matter October 16, 1917, at the Postiffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

NEW SERIES, Vol. XI. DECEMBER 30, 1922.

INDEX

TO

NEW SERIES, VOL. XI

FOR THE YEAR 1922

BUREAU OF PUBLIC HEALTH EDUCATION
DEPARTMENT OF HEALTH, CITY OF NEW YORK

Digitized by Google

Digitized by Google

INDEX.

WEEKLY BULLETIN, NEW SERIES, VOL. XI.—YEAR 1922.

PAGE

Abscess of the Brain—Interesting Case of 396
Accidents—New York City—Deaths from 273
Alcoholics—Physicians and Prescribing of 114
American Association of Social Workers—Organization of 68
American Child Hygiene Association—Annual Meeting of 1
American Humane Association—Letter to Major-General Wood from 251
American Meat Packers Institute—Vegetarianism—Letter from 395

American Public Health Association—
- Bertillon, J.—Resolution Adopted on Death 372
- Control of Communicable Diseases—Report of 122
- Meeting of 307

Anthrax—
- Federal Regulations—Commerce in Animal Products 91
- Horse Hair Shaving Brushes Prohibited 41
- Interesting Case of 138
- Kingston Avenue Hospital—Case of 243
- Quiz Manual on 322

Antitoxin—Schick Test and Toxin 107
Barber Shops—Regulation of 42
Bathing Establishments—New Regulations for 10
Benzol—Fatal Purpura from Occupational Poisoning with 99
Bertillon, J.—Resolution on Death of 372
Birth Certificates—Filing of 145
Blood—Wassermann Test—Specimens of 209
Bone and Joint Tuberculosis—Infrequency of Cases of 1
Boston Medical and Surgical Journal—Hookworm Remedy Found in Carbon Tetrachloride 188
British Medical Journal—Health Organization of The League of Nations.... 268

Brooklyn, Borough of—
- Diphtheria Prevention Work in Schools of Queens and 129
- Midwives—Follow-up Work in the 187

Brooklyn Pediatric Society—Diphtheria Prevention—Message to Parents from 180

Camps—
- New York City—Beaches and 185
- Regulation of Summer 204
- Regulation of Summer 210

Digitized by Google

INDEX.

PAGE

Cancer—National Cancer Week—1922 346
Carbon Monoxide—Physiological Effects of Exposure to Low Concentrations.. 190
Carbon Tetrachloride—Hookworm Remedy Found in 198

Certificates—
Filing of Birth 145
Physician Fined for Issuing Improper School 137

Chaulmoogra Oil—Ethyl Esters Obtainable in New York City 82
Chief Medical Examiner—Hospitals Requested to Aid in Curbing Unlicensed Medical Practice 5
Child Hygiene, Bureau of—Sight Conservation Work 401
Child Welfare—Conference on 212
Children—Sunlight and Its Value to 188
Cigar Cutters—Use Prohibited of Common 66

Clean-Up Week—
Proclamation by the Mayor 121
Suggestions for 129

Clinical Thermometers—Trademarks of 227

Clinics—
Department of Health's Eye Clinics 73
Kingston Avenue Hospital—Holding of Contagious Disease 97
List of Mental 134
Manhattan Occupational Clinic—Change of Hours 63
Meeting of Section on Pediatrics of the Associated Out-Patient 178
Schedule of Lorenz Clinics 9
Work of Lorenz Clinics 171

College Students—Venereal Disease Among 266
Communicable Diseases, American Public Health Association—Report on 122
Communion Cup—The Common 372
Connecticut—Smallpox Situation in 99

Contagious Diseases—
Kingston Avenue Hospital—Schedule for Clinics on 97
Medical Clinics on 81
Physician Fined for Exposing School Children to 377
Violation of Quarantine in Case of 363

Copeland, R. S.—
Banquet Given by Employees to 17
Departure for Europe 210
Election to the U. S. Senate 362
Protest Against Proposed Tariff on Tooth Brushes by 197
Report of European Trip 261

Dead Bodies—
Care—in Institutions—of 49
Hospitals and Removal of 263

Digitized by Google

INDEX.

PAGE

Deaths—
- Bertillon, J. 372
- Lynah, H. L. 117
- Smith, S. 292

Dental Advisory Board—Members of the 371

Diphtheria—
- Brooklyn Pediatric Society—Prevention of 180
- Immunization Clinics 241
- Immunization for 19
- Interesting Case of Anemia Complicating 51
- Physician Fined for Improper Quarantine Diphtheria Case 321
- Program, July and August, 1922—Immunization Against 201
- Public Schools—Brooklyn and Queens—Prevention Work in 129
- Public Schools—Manhattan and Bronx—Prevention Work in 146
- Statistics—Fourth Quarter, 1920 and 1921 92
- Statistics—First Quarter—1921 and 1922 179
- Statistics—Second Quarter—1921 and 1922 356
- Statistics—Third Quarter—1921 and 1922 373
- Terminal Cultures in 146

Diseases—
- American Public Health Association—Report on Control of Communicable.. 122
- Quiz Manual on the Diagnosis of Infectious 130

"Doctors as Suckers" 410
Epidemic Jaundice—New York City—Cases of 57
Europe—Mortality of New York City—1921—Compared with Large Cities of.. 329
Exanthemata, The—Quiz Manual on 130

Eye Clinics—
- Bureau of Child Hygiene—Sight Conservation of Children and Maintenance of 401
- Department of Health's Staff for Its 73

Ferond, J.—Fined $100 for False Claims in Advertising 82
Flies—Chiropractor Defends House 13
Flour—Regulation of Bleached 209

Food—
- Georgia—Liability for Sale of Unwholesome 4
- Prevention of Sale of Unwholesome Meat 163
- Regulation 40—Regulating of Sale of Drink and 393
- Value of Examination of Handlers of 225

Food Handlers—
- Examination of 298
- Physicians Applications for Cards for Examination of 138
- Value of Examinations of 225

Food Poisoning—
- Physicians Urged to Report Cases of 65
- Prevention of 51
- Rosenau and Weiss, on 10

Digitized by Google

INDEX.

PAGE

Gas—Dangers from Illuminating 193
Georgia—Unwholesome Food—Action Brought in Courts of 4
German Measles—Quiz Manual 259
Harrison Law—Misunderstanding by Medical Profession of the 49

Health, Department of—
- Changes in Supply Stations of 98
- Division of Veterinary Inspection 297
- Fifty-four Years of Work of 217
- Improved Hospital Service in 345
- Progress of 337

Heart Disease—United States—1920—Mortality from Organic 67
Henderson, Y.—Tunnel Gas Investigations—Report of 196
Herpes Ophthalmicus—Interesting Case of 411
Hess, A.—Sunlight and Children—Article by 188
Hookworm—Carbon Tetrachloride—Remedy for 188

Hospitals—
- Chief Medical Examiner—Requesting Co-operation of 5
- Department of Health,—Improved Service of 345
- Permits to Conduct 162
- Removal of Bodies from 365

Hospital Information Bureau—Organization of 98
Ice Cream—Regulating Manufacture of 340
Illuminating Gas—Dangers from 193
Immigrants—U. S. Public Health Service—Cleanliness of 20
India—Vegetarian Propaganda 316

Industrial Hygiene—
- Benzol Poisoning Causes Fatal Purpura Case 99
- Physician Seeks Industrial Medical Position 178
- Resignation of Dr. W. G. Thompson from Advisory Committee on 178
- Illuminating Gas Dangers—Investigation by the Division of 193
- Lectures Given by Staff of Division of 99

Infant Mortality—
- New York City—Low Rate of 113
- Situation in New York City of 299

Influenza—
- Europe and Epidemic of 84
- New York City—Age and Sex Grouping of Cases of 41
- New York City—Pneumonia and 105
- New York City Cases of—January, 1922 34
- United States—Large Cities—Deaths from 59

Institutional Inspection, Division of—Care of Bodies in Institutions—Survey by 49
Jaundice—New York City—Cases of Epidemic 57

Kingston Avenue Hospital—
- Anthrax Case 343
- Contagious Disease Clinics 97

Digitized by Google

PAGE

Laboratories, Bureau of—
Meningitis Division 332
Regulation of X-Ray 65
Waste of Department's Laboratory Outfits 97

Lancet, The—Rickets and Cause of Production 213
League of Nations—Health Organization of the 268

Lectures—
Bureau of Public Health Education 234
Division of Industrial Hygiene—Summary of 99
Program—Bureau of Public Health Education of 233
Request for Lecturers for Public Health 234

Leprosy—
New York City—Cases of 67
United States—Cases of 67

Lorenz Clinics—
Schedule of 9
Work of the 171

Lynah, H. L.—Death of 117

Mailing List—
Occasional Publications and 365
Request to Send in Change of Address for 364

Maternity Center Association—Prenatal Work—Co-operation by 9

Measles—
Quiz Manual on 226
Statistics—Fourth Quarter—1920 and 1921 116
Statistics—First Quarter—1921 and 1922 180
Statistics—Second Quarter—1921 and 1922 356
Statistics—Third Quarter—1921 and 1922 395

Meats—Resolution Adopted to Prevent Sale of Unwholesome 163
Medical Clinics—Course for Physicians on Contagious Diseases at Willard-Parker Hospital 81

"Medical Record"—Discontinuance of 130

Medical Society of the State of New York—
Annual Report 178
Program of Meeting 114

Meetings—
American Child Hygiene Association—11th Annual Meeting 1
American Public Health Association 307
Medical Society of the State of New York 114
Section on Pediatrics of the Associated Out-Patient Clinics 170
State and Provincial Health Authorities of North America 212

Meningitis—
Serum Therapy in Epidemic 369
Work of the Division of 332

Digitized by Google

PAGE

Mental Clinics—List of 124
Midwives—Brooklyn—Follow-up Work Regarding 187

Milk—
Collection of Mothers' Milk 332
Sanitary Code—Regulation 28 340

Monaghan, F. J.—Camp and Beaches in the City of New York 185

Mortality—
Accidental Deaths—New York City—1919-1921, Inclusive 276
New York City—Low Rate of 113
New York City—1921—Compared with Large Cities of Europe 339
United States—1921—Large Cities 354

Mothers' Milk—Collection of 322

Narcotics—
Harrison Law—Misunderstanding by Physicians 49
Importation and Exportation of Opium 172
Regulations as it Affects Consumption of 83
Report of Committee on Narcotic Drugs 147

Narcotic Drugs Committee—Report of 147
New England Health Institute—Opening of 140
New York Association for Medical Education—Reorganization of the 164

New York City—
Accidental Deaths in 273
Deaths—1921—Compared with Deaths 1868-1872 217
Epidemic Jaundice—Cases 57
Fifty-four Years of Health Work in 217
Leprosy—Cases in 67
Low Infant Mortality Rate 113
Temperature Comparison with Suburbs and 191
Typhoid Fever—Cases, 1921 34

New York Medical Journal—"Medical Record" Incorporated with the 130
Oklahoma—Smallpox Outbreak 100

Opium—
Importation and Exportation of 172
United States—Imports of 83

Ophthalmia Neonatorum—Sanitary Code—Section 201—Prevention of 265
Otisville Sanatorium—Female Unit—Vacancies at 50
Para-Typhoid Fever—Statistics—1922 261
Park, W. H.—Schick Test and Toxin-Antitoxin Work 107
Patent and Proprietary Medicines—Regulating the Sale of 122
Pediatrics—Associated Out-Patient Clinics—Meeting of Section on 170
Pellagra—Interesting Case of 394
Philippine Islands—Smallpox Deaths—1904-1921, Inclusive 252

Digitized by Google

PAGE

Physical Examinations—
Industrial Workers and Records of 313
Public Health Exposition—Brooklyn—Work in 402

Physicians—
Alcoholics—Conservative Prescribing by 114
Boston Medical Journal—"Doctors as Suckers" 410
Guarding Against Unscrupulous Patients 178
Pneumonia Case Not Reported by Physician 169
Quarantine and Responsibility of 153
Suicide Among 243

Pneumonia—
Commissioner Copeland—Statement on Prevention of 33
Large Cities and Deaths from 59
New York City—Influenza and 105
New York City—January, 1921 Cases 34
Physician Fined for Failure to Report Case of 169

Poisons—Labeling of 162
Poliomyelitis—Quiz Manual on 378
Poultry Slaughter Houses—Regulation of 393
Prenatal Work—Extension of 9
Preventable Diseases, Bureau Reorganization 161
Prohibition—Conservative Prescribing by Physicians 114

Prosecutions—
Father Fined—Violation of Quarantine 363
Ferond, J.—Violation of Sanitary Code 82
Physician Fined for Exposing Children to Contagious Diseases 377
Physician—Failing to Report Pneumonia Case 169
Physician—Improper Quarantine of Diphtheria Case 321
Physician—Issuing Improper School Certificate 137
Weksler, H.—Selling of Inaccurate Clinical Thermometers 114

Psychosis—Case Complicated with Measles 411
Public Health Education—Work in Russian Settlement 177

Public Health Education, Bureau of—
Lecture Program—1922 233
Value of Lectures Given by Staff of 234

Public Health Exposition—Physical Examinations Made 402
Public Welfare Department, New York City—Training School for Sick 4

Publications—
Mailing List for Occasional Publications 365
New Pamphlets on Gonorrhea and Syphilis 355
Public Health Leaflets—"Important Facts About Milk" 394

Purpura—Occupational Poisoning from Benzol Causes 99

Quarantine—
Contagious Disease Case—Violation of 363

Digitized by Google

PAGE

Quarantine (continued)—
Physicians Responsibility in Maintaining 153
Venereal Disease and Domestic 36
Queens, Borough of—Diphtheria Prevention Work in Schools 129

"Quiz Manual"—
Anthrax 322
Encephalitis 385
German Measles 259
Measles 226
Poliomyelitis 378
Rabies 314
Scarlet Fever 235
Smallpox 154
The Exanthemata 130
Typhus Fever 307
Varicella 241

Rabies—Quiz Manual 314
Records—Inviolability of Department 313
Redway, J.—Temperature Comparison—New York City and Suburbs 181
Regulations—Bathing Establishments 10
Reports—Forms for Physicians for Reporting Tuberculosis 89
Removals—Proposed Ordinance to Keep Records of Household Removals 110
Rickets—Cause of 213
Roman Catholic Orphan Asylum—Twenty-Year Record 83
Russia—Medicine and Disease in 131
Russian Settlement—Public Health Education Work 177
St. John's Guild—1922 Program 138

Sanitary Code—
Barber Shop Regulations—Section 335 Amended of 42
Bleached Flour Regulations—Sections 141a and 141b, Added to 209
Common Cigar Cutters—New Section 343 66
Food and Drink—Regulation 40 343
Horse Hair Shaving Brushes—New Regulation 41
Hospital Permits—Section 220 Amended 162
Ice Cream Manufacture—New Sections Regulations 7 and 8 340
Labeling of Poisons—Section 122 Amended 162
Milk Regulations—Regulation 28 Amended 340
Ophthalmia Neonatorum—Section 201 Added 263
Poultry Slaughter House Regulation 393
Removal of Bodies from Hospital—Section 39 Amended 263
Summer Camp Regulation—New Regulations No. 11 204
Summer Camp Regulation—New Regulation 11—Section 217 210
Unwholesome Meat—Section 160 Amended 163
Veronal and Analogues Sale—Addition of Section 126 339
Watering Troughs Prohibited—Regulation 14 177
X-Ray Laboratories—New Section 107 65

Scarlet Fever—
New York City—Cases 1910-1921 23

Digitized by Google

PAGE

Scarlet Fever (continued)—
Quiz Manual 235
Regulations for Quarantine 50
Statistics—Fourth Quarter—1920 and 1921 92
Statistics—First Quarter—1921 and 1922 180
Statistics—Second Quarter—1921 and 1922 356
Statistics—Third Quarter—1921 and 1922 394
United States—Death Rates per 100,000 Population 44

Schick Test—
Demonstration by Department of Health 53
Outfits for 249
Public Schools—Demonstration 53
Toxin-Antitoxin Administration and 241
Toxin-Antitoxin Work 107

School Certificate—Physician Fined for Issuing Improper Certificate 137

Schools—
Brooklyn and Queens—Diphtheria Prevention Work 129
Dental Work 370
Manhattan and Bronx—Diphtheria Prevention Work 146
Schick Test Demonstration 53

Serum Therapy—Epidemic Meningitis and 369

Shaving Brushes—
New Regulations Prohibit Horse Hair 41
Processes for Sterilization of Hair 42

Shears, J.—Illuminating Gas and Its Dangers 193

Smallpox—
Cases in Connecticut 99
Dangers of Spread of 17
Diagnosis of Syphilis Made in Cases of 73
Differential Diagnosis 18
Interesting Case 371
Poteau, Oklahoma—Outbreak 100
Quiz Manual 154
Vaccination Histories of Cases 140

Smith, S.—Death of 292
Smoking—Arrests in Subway 19
Social Service—Organization for Workers 68

Somerset, W.—
Infectious Diseases—Quiz Manual 130
Interesting Case of Smallpox 371

Speech Disorders—Hospital and Clinic 340
Spitting—Dangers from Promiscuous 81
Stables—Watering Troughs Prohibited 177

Statistics—
Accidental Deaths—1919-1921, Inclusive 276

Digitized by Google

PAGE

Statistics (continued)—
Cancer Death Rate—New York City 346
Deaths, 1921, Compared with 1868-1872 221
Diphtheria—Fourth Quarter—1920 and 1921 92
Diphtheria—First Quarter—1921 and 1922 179
Diphtheria—Second Quarter—1921 and 1922 356
Diphtheria—Third Quarter—1921 and 1922 373
Eye Clinics—1921 76
Foodhandlers—Examination—1921 298
Infant Mortality Rate 300
Influenza and Pneumonia—January, 1922 34
Influenza and Pneumonia—1918-1922 106
Influenza and Pneumonia—Large Cities—First Five Weeks 1919-1922 59
Measles—Fourth Quarter—1920 and 1921 118
Measles—First Quarter—1921 and 1922 180
Measles—Second Quarter—1921 and 1922 356
Measles—Third Quarter—1921 and 1922 395
Mortality—Large Cities in U. S.—1921 355
New York City and European Cities—1921 329
Opium Exportation and Importation 172
Opium Importation into U. S.—1910-1921 (Jan.-Sept.) 85
Para-Typhoid Fever 261
Philippine Islands—Smallpox Deaths 253
Scarlet Fever—Death Rates per 100,000 Population 44
Scarlet Fever—Fourth Quarter—1920 and 1921 92
Scarlet Fever—First Quarter—1921 and 1922 180
Scarlet Fever—Second Quarter—1921 and 1922 356
Scarlet Fever—Third Quarter—1921 and 1922 394
Tuberculosis Mortality in the U. S.—1910-1920 245
Tuberculosis—Fourth Quarter—1920 and 1921 93
Tuberculosis—First Quarter—1921 and 1922 179
Tuberculosis—Second Quarter—1921 and 1922 356
Tuberculosis—Third Quarter—1921 and 1922 395
Typhoid Carriers—Tabulation of 107 Chronic Cases 290
Typhoid Fever—1921 36
Typhoid Fever—Fourth Quarter—1921 92
Typhoid Fever—First Quarter—1922 164
Typhoid Fever—Second Quarter—1922 260
Typhoid Fever—Third Quarter—1922 348
Vaccination History of Smallpox Cases—1921 141

Suicide—Physicians and 243

Summer Camps—
Regulation 210
Sanitation 315

Sunlight—Children and Necessity of 188
Supply Stations—Changes in Department's 98

Syphilis—
Experimental Syphilis in Man 53
New Pamphlets on Gonorrhea and 355

Digitized by Google

PAGE

Syphilis (continued)—
Smallpox Cases Diognosed as cases of 73
Yaws and the Supposed Origin of 140

Temperature—New York City—Comparison with Suburbs in 181

Tetanus—
Death of Heroin Addict from 292
Fatal Case of 394

Thermometers—
Trademarks of Clinical 227

Weksler, H.—Fined for Selling Inaccurate Clinical 114
Thompson, W. G.—Resignation from Advisory Committee on Industrial Hygiene 178
Tooth Brushes—Commissioner Copeland's Protest Against Tariff on 147

Toxin-Antitoxin—
Outfits for Schick Tests and 249
Schick Test and Administration of 241

Training Schools—Attendants on Sick 4

Tuberculosis—
Cases not Visited of Pulmonary 363
Circular and Census Card on 257
Death Rate Decrease from 243
Infrequency of Cases of Bone and Joint 1
Interesting Case, Complication by Histeria Minor 404
Interesting Case 300
Interesting Cases—With Gastric Ulcers 403
Statistics—Fourth Quarter—1920 and 1921 93
Statistics—First Quarter—1921 and 1922 179
Statistics—Second Quarter—1921 and 1922 357
Statistics—Third Quarter—1921 and 1922 395
Supervision of Private Cases 89

Tunnel Gas Investigations—Report of 196
Typhoid Carriers—Rules for 289

Typhoid Fever—
New York City—Cases—1921 34
Statistics—Fourth Quarter—1921 28
Statistics—First Quarter—1922 164
Statistics—Second Quarter—1922 260
Statistics—Third Quarter—1922 348

Typhus Fever—Quiz Manual 307

United States—
Leprosy—Cases 67
Mortality—1921—in Large Cities 354
Organic Diseases of Heart—Deaths—1920 67
Scarlet Fever in 44

Digitized by Google

INDEX.

PAGE

U. S. Public Health Reports—
College Students and Venereal Disease 266
Interesting Smallpox Outbreak Reported 100

U. S. Public Health Service—
Annual Report 411
Anthrax Regulations 91
Immigrants—Strict Enforcement for Cleanliness 20
Medical Advice by Wireless 116
Tuberculosis Mortality in United States 243

Vacancies—Physician Seeks Industrial Medical Position 178

Vaccination—
Philippines and 250
Smallpox Cases and 140

Vaccines—
Report—Value of Whooping Cough Vaccines 353

Varicella—Quiz Manual 241
Vegetarian Diet—India—Propaganda Regarding 316
Vegetarianism—Nutrition Committee's Letter 395

Veneral Disease—
Advertisements Prohibited by State Law 409
College Students and 266
Domestic Quarantine and 36

Veronal—Regulation of Sale 339
Veterinary Inspection, Division of— 297
Wassermann Test—Blood Specimens for 209
Watering Troughs—Prohibition of 177
"Weekly Better Times Bulletin"—First Edition 19
Weksler, H.—Prosecuted by Department for Selling Inaccurate Clinical Thermometers 114
Whiteside, G. W.—Report of Medical Society of State of New York 178

Whooping Cough—
Department's Circular of Information 302
Report of Committee on Vaccine for 353

Willard Parker Hospital—Medical Clinics on Contagious Diseases 81
Wireless Service—U. S. Public Health Service Offers 116

Wood, Major-General—
American Humane Association—Letter to 251
Letter on Vaccination from 250

X-Ray Laboratories—Regulation 65
Yaws—Haiti—Frequency of Cases of 140

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JANUARY 7, 1922. No. 1.

BONE AND JOINT TUBERCULOSIS.

During the course of his examinations at the Department clinics, Professor Adolph Lorenz has expressed surprise at the comparative infrequency of cases of tuberculous disease of the bones and joints.

These conditions are far more common in European countries, and in cities of this country where effective pasteurization of the milk supply is not so rigidly enforced as in New York City. Tuberculous disease of the bone and joints, and of the glands, in a considerable proportion of cases, is caused by the bovine tubercle bacillus. This germ is killed by an effective method of pasteurization, such as is enforced by the Department, which requires the heating of milk at from 142° to 145° F. for a period of 30 to 45 minutes, and which has been in force since 1912. Of the 2,058,214 quarts of milk sold in New York City, daily, 98 per cent. is pasteurized. The balance is raw, but carefully supervised and drawn from cows tested periodically with tuberculin, in order to eliminate any possibility of tuberculosis.

In certain parts of Scotland, where tuberculous disease of cows is common, where boiling of milk is not the custom, and where the tuberculin test is not applied in order to eliminate diseased cows, Dr. Stiles, of Edinburgh, told us, recently, that the number, and particularly the severity, of bone, joint and gland cases of tuberculosis, was astounding.

Most cases of bone and joint tuberculosis, that have presented themselves at the Lorenz clinics, were found either in those of foreign extraction, or in residents of other cities. As an evidence of the comparative rarity of bone tuberculosis in this city we point with pride to the fact that very few cases were found in children.

LAST MEETING OF AMERICAN CHILD HYGIENE ASSOCIATION.

The 11th Annual Meeting of the American Child Hygiene Association was held at New Haven, Connecticut, November 2 to 11, last. The meeting was one of great interest and enthusiasm and was attended by representative workers in child hygiene from all parts of the United States and Canada. The Director of the Bureau of Child Hygiene and the Superintendent of Nurses of that Bureau attended, as representatives of the Department of Health.

The sessions were divided into the following groups:

Co-ordination of child health activities.

Health education.

Digitized by Google

Rural problems.
Problems and opportunities of lay directors of private organizations.
Round table conference of directors of Divisions of Child Hygiene.
The child of pre-school age.
Medical session.
Session on nursing and social work.

At the session on Co-ordination of Child Health Activities, a paper was read on "Local Co-ordination" by Dr. Haven Emerson. Dr. Emerson recognized that public agencies do not cover the entire field of child welfare and that, for the present at least, it is apparent that private agencies must function and supply some of the necessary health supervision. In order, however, that such work should be effective he stated that the private agencies should work in close co-operation with the public agencies in child welfare, and should co-ordinate all of their activities. He presented, as the best type of work of this nature, the Babies' Welfare Federation of New York City which acts in active co-operation with the City Department of Health, and which brings together over 200 agencies whose work is closely harmonized. This paper was freely discussed by Dr. Baker and Miss Arnold, of New York City, and by representatives from various other cities. It seemed generally agreed that the work carried on in New York City was far more advanced than that of any other city in the country, and that similar co-ordination of child welfare activities should be established in other cities, in order to avoid duplication of work and wasted efforts in campaigns for improvement of child health.

Other papers at this session were read by Dr. Walter Brown, of Mansfield, Ohio, on "State Co-ordination"; and on "National Co-ordination," by Dr. Philip Van Ingen, of New York City. The discussion on national co-ordination was started by Dr. Van Ingen, who also discussed state co-ordination. Not much work has been done in this line, and Dr. Brown's paper was simply a plea for better understanding in that direction. Dr. Van Ingen spoke of the Child Health Council at Washington, as an instance of national co-ordination.

On November 3, the morning session was a joint one. The presidential address was delivered by Dr. Henry L. K. Shaw, of Albany. Dr. Shaw traced the development of child hygiene work in this country, and outlined plans for further development. His address was published in the December issue of "Mother and Child."

The afternoon session was given up to Health Education, under the chairmanship of Dr. Thomas E. Finnegan, of Harrisburg, State Commissioner of Education of Pennsylvania. This meeting was a particularly significant one, the topics being discussed from the point of view of the home, the kindergarten, and the psychological approach to health education.

The first paper, on "The Home and Child Hygiene," was by Mrs. Charles H. Remington, of Providence, R. I. Mrs. Remington spoke about the home influences as viewed by mothers, and the influence of parents' associations and mothers' clubs on the question of health development in childhood. Miss Julia Wade Abbott, who is Chief of the Department of Kindergartens, of the National Bureau of Education, spoke on "The Establishment of Health Habits in the Kindergarten." Miss Abbott's contribution was a valuable one, leading as it did to emphasis upon the pre-school age as the time when health habits should be firmly established. She spoke of the kindergarten as being the most effective instrument for this purpose.

A paper on "The Psychology of Health Education" was presented by Mrs. Arnold Gesell, of New Haven. Mrs. Gesell's contribution was most interesting. Health education of children, at the present time, is assuming a position of great importance. Mrs. Gesell believes that there is a way to teach health habits, through

Digitized by Google

the natural impulses of children, which she classified as (1) reverence for life, (2) love of beauty, (3) interest in motion, (4) determination to be happy, (5) desire to be admired and commended. She believes that, by such an approach, young children can be made to carry on health habits, and accentuated the idea that health, as an abstract idea, has no fascination for the child. There can be no question that Mrs. Gesell's method of approach to her subject, and her knowledge of psychology of childhood, led her to make one of the most important contributions to this whole question that has been brought forward since the subject first attracted attention.

Later, the same afternoon, the section on rural problems held its meeting. The papers consisted of one on "Rural Obstetrics," by Dr. F. L. Adair, of Minneapolis; one on "The Nutrition of the Rural Child," by Dr. Ethel M. Watters, of San Francisco, and one on "County Centers," by Dr. W. S. Rankin and Rose N. Ehrenfeld, R. N., of Raleigh, N. C.

While these papers had no direct interest for workers in a city like New York, the problems of rural health work bear a very close relation to the health of the country, as a whole. All three speakers laid particular stress upon the necessity of county health centers; the generally approved plan being to send out pediatrists from the State Board of Health to consult with local officials on problems affecting maternity and infancy. The work that has been carried on in North Carolina is particularly significant, because it has been far-reaching and very well performed. It is of interest in this connection to note that North Carolina has an exceptionally low infant death rate, although conditions in that state are not very different from those in adjoining states, where the infant death rate is very much higher.

On the evening of November 3 a public meeting was held at which addresses were made by President James R. Angell, of Yale University, and Miss Grace Abbott, Chief of the Children's Bureau, Washington, D. C. President Angell spoke of child welfare problems in general, and Miss Abbott took as her topic the question of children in industry.

On November 4th, the morning meeting was devoted to problems and opportunities of lay directors of private organizations. The first paper was on "The Value of Lay Co-operation in Health Work," by Dr. Roger I. Lee, of Cambridge, Mass. The second paper was on "Administrative Problems of Lay Directors of Private Organizations," by Homer Folks, of New York City. The third paper was on "Financial and Publicity Problems," by John S. Ellsworth, of New York City. These papers did not distinctly relate to public health work, as carried on by public departments, but had reference rather to the various types of health activities that are under the direction of lay organizations.

On the afternoon of November 4, a round table conference of directors of divisions of child hygiene was held. The first subject was, "The Organization of State Divisions of Child Hygiene, with Especial Reference to Emphasis Placed by the Budget," by Dr. Merrill E. Champion, of Boston; the second paper was on the "Relation of the Official (State, Municipal) Child Welfare Activities to Private Physicians," by Dr. E. V. Brumbaugh, of Milwaukee; third, "Public Health Nursing in Relation to the Work of Child Hygiene Divisions," by Margaret K. Stack, R. N., of Hartford, Conn.; fourth, "Is a State or Municipal Official Prenatal Program Practicable and, If So, What Is Its Scope and Method?" The latter subject did not bring forth a formal paper, but the discussion was opened by Dr. S. Josephine Baker, of New York, and Dr. Ethel M. Watters, of San Francisco. This round table conference was very valuable indeed, affording as it did an opportunity for interchange of opinion among the various organizations and divisions of child hygiene. Thirty-five states, now, have established such divisions, and there is a

Digitized by Google

division in practically every city of importance. The interchange of opinion was informal. Special emphasis was laid on the question of prenatal work. The experience of New York City was quoted in this regard. It was the universal opinion that prenatal work offers the greatest opportunity of the future for further reduction of the baby death rate, and the concensus of opinion was that every division of child hygiene should institute work of this type.

On the afternoon of November 4, a meeting was held on the subject of the "Pre-school Age," with the following papers: "Psychology of the Pre-school Period," by Dr. C. M. Campbell, of Boston; "Day Nurseries," by Mrs. Laurence Hamill, of Cleveland, and "The Re-creation of the Pre-school Child," by Mary Margaret Roche, of Grand Rapids, Mich. This meeting did not bear directly upon methods pertaining to establishing physical health in the child, but accentuated rather the psychological line of approach, which had already been taken up in a previous meeting.

The medical session, and the session on nursing and social work, were both held on Saturday morning, November 5. The latter was a meeting of interest mainly to nurses, and had to do very largely with methods to be followed out with children of pre-school age, and the type of records to be used.

It is the plan of the American Child Hygiene Association to elect its president a year in advance. The president, for the present year, is Mr. Herbert Hoover, while the president-elect, for next year, is Dr. Livingston Farrand. Miss Mary Arnold, of the Babies' Welfare Federation of New York City, and Dr. F. L. Adair, of Minnesota, were elected vice-presidents.

LIABILITY FOR SALE OF UNWHOLESOME FOOD.

"An action was brought in the Georgia courts to recover damages for injuries alleged to have been caused by the consumption of butter containing a deleterious substance. The plaintiff had purchased the butter in the original unbroken package from a retail dealer who had, in turn, purchased it from the defendant. The evidence submitted by the plaintiff showed that the defendant did not manufacture or pack the butter, but acted merely as distributor. Because of the insufficiency of the evidence the lower court granted a nonsuit.

"However, the Court of Appeals of Georgia, Division No. 2, reversed the judgment (Fleetwood v. Swift & Co., 108 S. E., 909), holding that the distributor of an article is not entirely without responsibility in the matter. The court said: 'We do think, however, that, since the evidence is undisputed that the article was actually handled by the defendant, it was incumbent on it to exculpate itself to the extent of showing that it had in good faith procured it from some reputable manufacturer, distributor, or dealer, as an article reasonably safe for the use intended, especially so since there is nothing on the package to indicate who, as manufacturer or packer, was ultimately responsible for the alleged tort.'"

—(*Public Health Reports.*)

TRAINING SCHOOLS FOR ATTENDANTS ON THE SICK.

The following schools give a nine months' course leading to a certificate authorized by State law, and include instruction in the rudiments of nursing. The entrance requirements are not as high as those for trained nurses; neither is the course as long. Any grammar school graduate is eligible for admission. The

Digitized by Google

schools are under the jurisdiction of the Department of Public Welfare of New York City:

New York City Children's Hospital, Randall's Island.
Central Neurological Hospital, Welfare Island.
Sea View Hospital, Staten Island.
Greenpoint Hospital, Brooklyn.

HOSPITALS TO AID IN CURBING UNLICENSED MEDICAL PRACTICE.

Dr. Charles Norris, Chief Medical Examiner, recently sent this notice to all hospitals in the city:

"In all cases resulting in death where it appears in the history of the case, that, shortly before admission to the hospital and while the patient was suffering from the disease causing death, such patient had been under treatment by an unlicensed practitioner and there is reasonable ground to believe that such treatment contributed to the condition causing death, you will forthwith notify the Medical Examiner of the city, in order that prompt and proper investigation of the case may be made."

The immediate reason for sending the notice was the death of several persons after, or during, the attentions of chiropractors.

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 31, 1921.

There were 1,364 deaths and a rate of 12.37 per 1,000 of the population reported during the week, as compared with 1,386 deaths and a rate of 12.77 during the same period of 1920, a decrease in the absolute number of deaths of 22 and in the relative number of deaths of 44, this latter being dependent upon the increase in the population.

The outstanding features of the week's mortality was the considerable decrease in the number of deaths reported from diphtheria, to wit, 25, as compared with 35, a decrease of 10. Lobar pneumonia was credited with 85 deaths, as compared with 110, a decrease of 25. Six deaths were attributed to influenza, as compared with 13, a decrease of 7. On the other hand, a pronounced increase was shown in the mortality from organic heart diseases, there having been 305 deaths reported during the week, as compared with 261, an increase of 44 deaths.

Viewed from the viewpoint of age grouping there were 175 deaths of infants under one year of age, as compared with 186, a decrease of 11 deaths. Between one and five years of age there were 86 deaths reported, as compared with 101, a decrease of 15 deaths. Between five and sixty-five years of age there were 768 deaths reported, as compared with 755, an increase of 13 deaths, and at ages sixty-five years and over there were 335 deaths reported, as compared with 344, a decrease of 9.

The death rate for the year 1921 was 11.17 per 1,000 of the population, as compared with a rate of 12.93 in the year 1920. This rate of 11.17 is the lowest death rate that the City of New York has ever had the good fortune to experience, the next lowest being that of the year 1920, which exceeded that of the year just closed by 1.76 of a point, which is equivalent to the saving of 10,120 lives. Another new lowest record was established in infant mortality. During the year 1921, 71 infants under one year of age died out of every 1,000 born, as compared with a rate of 85 deaths at this age group in the year 1920, a saving of 14 lives in every 1,000 births and as the number of births totaled slightly over 134,000 it is equivalent to the saving of 1,876 lives at this age group during the year 1921.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CLINICS.—Gutman, Jacob. The Brooklyn Diagnostic Institute. (Mod. Hosp., Dec., 1921. pp. 378-383, illus.)

DRUG ADDICTION.—Dixon, W. E. An address on the drug habit. (Brit. M. J., Nov. 19, 1921 pp. 819-822.)

FOOD INFECTION.—Rosenau, M. J., and Harry Weiss. Food infections, with an illustrative outbreak. (A. M. A. Jour., Dec. 17, 1921. pp. 1949-1951, charts.)

HEALTH LEGISLATION.—Ketcham, Dorothy. A summary of recent health legislation. (Nation's Health, Dec., 1921. pp. 649-653.)

HOSPITALS.—Colucci, J. A. The admitting and emergency unit of the New York Hospital. (Mod. Hosp., Dec., 1921. pp. 396-399, illus.)

INFLUENZA.—Blatters, S. R., and M. Brunner. Some unusual features in a localized epidemic of influenza. (Med. Rec., Dec. 17, 1921. pp. 1075-1076.)

IMMUNITY.—Hektoen, L. Old and new knowledge of immunity. (A. M. A. Jour. Dec. 17, 1921. pp. 1935-1939)

LEAD POISONING.—Barron, Moses, and H. C. Habein. Lead poisoning, with special reference to poisoning from lead cosmetics. (Am. J. Med. Sc., Dec., 1921. pp. 833-861, illus)

POLIOMYELITIS.—Lovett, R. W. The third year in infantile paralysis. (A. M. A. Jour., Dec. 17, 1921. pp 1941-1944, tables.)

VITAMINS.—Tracy, P. F. An interview with Dr. Casimir Funk on vitamines. Discoverer of these food factors, comments on present knowledge of subject and its applicability to dietetic problems. (Am. Food Jour., Dec., 1921. pp. 7-9.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Oct. 8	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31
Total deaths	996	1019	1211	1177	1181	1123	1229	1184	1153	1201	1246	1382	1384
Annual Death Rate	9.04	9.24	10.98	10 68	10 71	10.19	11 15	10.74	10 46	10.89	11.30	12.06	12.57
*Acute Infectious Diseases	16	21	32	20	37	23	27	27	20	29	31	43	41
Pul. Tuberculosis..	75	81	91	84	99	86	98	83	78	94	90	101	99
Influenza	6	5	4	7	8	4	9	2	7	3	5	5	4
Lobar Pneumonia.	37	43	45	58	61	50	64	68	52	64	62	52	45
Broncho Pneum...	28	30	38	44	56	42	63	38	52	56	70	76	48
**Violent Deaths ...	60	68	71	68	62	69	66	76	92	61	67	61	45
Deaths under 1 year.	159	154	164	161	161	143	151	158	140	161	166	179	177
Rates per 1,000 births	62.8	60.8	64.1	62.9	62.8	55.8	58 6	61.3	54.4	62.5	64.5	69.5	68.8
Deaths under 5 years	211	208	227	228	226	192	202	214	189	211	245	259	261
" 5-65 years ..	568	559	688	657	665	629	728	675	666	675	692	751	736
" 65 years and over	217	252	296	292	290	302	299	295	298	315	309	322	325

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	174	235	278	258	269	164	266	190	213	349	256	188	187
Diphtheria	132	113	184	195	203	228	220	239	201	247	241	232	276
Measles	88	83	41	57	68	70	93	168	178	217	240	282	265
Scarlet Fever	52	83	97	135	146	115	196	184	268	225	252	325	297
Chickenpox	16	23	26	44	64	68	97	104	160	118	143	221	179
Influenza	20	21	29	29	20	18	22	20	13	25	34	34	54
Pneumonias	142	166	209	235	227	225	269	263	206	264	307	309	281
Typhoid Fever	24	24	19	22	18	13	14	23	16	6	5	7	7
Whooping Cough ...	70	58	65	43	53	34	80	37	82	116	70	76	89
Syphilis	289	220	205	275	199	255	211	291	311	286	228	204	182
Gonorrhoea	137	184	167	99	161	109	91	129	115	119	107	68	97
Poliomyelitis	38	34	42	18	17	5	5	11	8	2	6	1	1
Cerebro-spinal Meningitis	2	4	6	5	7	1	3	6	5	8	7	4	4
Total	1129	1148	1369	1415	1452	1305	1567	1665	1764	1981	1891	2061	1928

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 31, 1921.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1921	Deaths			Births	Marriages	Still-births	Death Rate		
			1920	1921	*Corrected 1921				1920	1921	Corrected 1921
Manhattan	2,284,103	2,276,778	644	631	620	993	355	60	14 78	14 46	14.21
The Bronx	732,016	778,528	141	158	156	260	174	12	9.84	10.56	10.45
Brooklyn	2,018,356	2,077,674	466	450	460	851	227	35	11.93	11.80	11.55
Queens	469,042	497,627	92	96	105	171	43	4	10.03	10 06	11.01
Richmond	116,531	121,252	43	29	23	39	5	..	19.00	12.48	9.90
Total	5,620,048	5,751,859	1386	1364	1364	2314	804	111	12.77	12 37	

*Corrected by redistributing deaths according to borough of residence.

During the year 1921 there were 64,257 deaths, a rate of 11.17 per 1,000 population. During the year 1920 there were 73,249 deaths, a rate of 12.93 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	48	1	5	2	45	85	12	11	4	2	50	78	116	361	154
The Bronx	5	16	1	..	1	12	2	2	2	1	3	6	18	21	98	89
Brooklyn	15	15	1	..	5	23	37	7	7	2	2	25	70	109	229	112
Queens	4	6	..	1	1	4	5	1	1	..	..	4	6	11	58	27
Richmond	..	9	..	..	..	1	1	..	..	1	..	..	3	4	22	8
Total	36	89	3	6	9	85	80	22	21	8	7	85	175	261	768	335

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age						Under Years of Age					
	All Causes	Rate per 1,000 Births	Diarrhoeal Diseases				All Causes	Rate per 1,000 Living.	Diarrhoeal Disease	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
			Deaths	Rate per 1,000 Births	In Institutions	Other Places						
Manhattan	79	64 7	9	8.3	6	3	105	23 8	11	2 5	8	1.8
The Bronx	23	77 9	2	6.8	..	2	27	16.8	2	1.2	3	1.9
Brooklyn	72	75.3	6	6.3	1	5	110	24 6	7	1.6	14	3 1
Queens	7	37 8	1	5.4	..	1	15	14 1	1	.9	5	4.7
Richmond	3	55.3	..	..	..	..	4	16.8	..	..	..	..
City of New York.	175	68.0	18	7.0	7	11	261	22 1	21	1.8	30	2 5

During the year 1921, 9,549 infants died, a rate of 71. per 1,000 births. During the year 1920, 11,340 infants died, a rate of 85. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital				Kingston Ave. Hospital				Queensboro Hospital				Riverside Hospital				Pulmonary Tuberculosis			Grand Total
	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Avenue	Otisville Sanitor.	Riverside Hospital	
Rem'g 12-24-'21	90	102	46	17	32	44	7	16	32	3	..	1	..	..	..	38	..	558	159	1145
Admitted	22	19	17	11	10	19	2	7	8	1	..	1	..	..	..	2	..	17	4	140
Discharged ..	20	27	22	8	8	6	4	5	3	1	..	1	..	..	..	..	..	13	..	118
Died	1	3	4	2	..	6	..	2	..	..	..	..	..	..	..	..	..	..	..	18
Rem'g 12-31-'21	91	91	37	18	34	51	5	16	37	3	..	1	..	..	..	40	..	562	163	1149
Total treated	112	121	63	28	42	63	9	23	40	4	..	2	..	..	..	40	..	575	163	1285

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1920	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1364	1,386	703	661	175	42	44	261	55	58	231	424	335
1. Typhoid Fever	2	2	..	2	..	..	..	..	1	..	..	1	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	5	4	3	2	..	3	2	5	..	..	..	..	..
6. Scarlet Fever	3	18	3	..	..	..	1	1	2	..	..	..	..
7. Whooping Cough	3	6	2	1	3	..	..	3	..	..	..	..	..
8. Diphtheria	25	35	13	12	3	4	14	21	4	..	..	..	..
9. Influenza	6	18	4	2	..	..	1	1	..	1	1	1	2
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	2	4	2	..	1	..	..	1	..	..	..	1	..
13. Pulmonary Tuberculosis	89	99	56	33	..	..	..	..	3	14	44	22	6
14. Tbc. Meningitis	7	6	3	4	1	1	2	4	2	..	1	..	..
15. Other forms Tbc.	5	13	3	2	..	..	..	..	1	..	2	2	..
16. Cancer, Malignant Tumor	113	111	51	62	..	..	..	..	2	3	14	62	32
17. Simple Meningitis	1	3	1	..	1	..	..	1	..	..	..	..	..
17a. Cerebro-spinal Meningitis	3	..	1	2	..	2	..	2	1	..	..	..	..
18. Apoplexy, Softening of the Brain	23	19	10	13	..		..	..	..	..	3	13	7
19. Organic Heart Diseases	273	244	126	147	2	1	1	4	5	12	82	95	125
20. Acute Bronchitis	9	16	4	5	7	1	1	9	..	..	..	..	..
21. Chronic Bronchitis	2	2	..	2	..	..	..	..	..	..	..	..	2
22. Lobar Pneumonia	85	110	44	41	9	8	4	21	3	6	21	23	11
22a. Broncho Pneumonia	80	75	42	38	27	15	4	46	4	1	6	8	15
23. Other Respiratory Diseases	8	7	5	3	2	..	..	2	..	1	1	3	1
24. Diseases of the Stomach (Cancer excepted)	9	6	8	1	..	..	1	1	..	..	2	6	.
25. Diarrhoeal Diseases (under 5 years)	21	23	8	13	18	2	1	21	.	..	..	..	..
26. Appendicitis and Typhilitis	19	13	10	9	..	..	..	..	5	..	5	9	
27. Hernia, Intestinal Obstruction	14	18	7	7	1	..	..	1	..	1	..	7	5
28. Cirrhosis of Liver	8	10	6	2	..	..	..	..		..	1	5	2
29. Bright's Disease and Nephritis	98	102	51	47	..	1	1	2	1	..	14	44	37
30. Diseases of Women (not Cancer)	6	6	..	6	..	..	..	..	..	1	3	2	..
31. Puerperal Septicaemia	6	4	..	6	..	..	..	..	..	1	5	..	..
32. Other Puerperal Diseases	11	15	..	11	..	..	..			3	8	..	..
33. Congenital Debility, and Malformations	84	70	43	41	82	1	..	83	1		..	.	..
34. Old Age	4	10	2	2	..	..	..	..	..	..	..	..	4
35. Violent Deaths	92	88	64	28	..	3	7	10	10	4	27	27	14
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	85	72	57	28	..	3	7	10	10	3	24	24	14
c. Homicide	7	11	7		..	..	..	..	..	1	3	3	..
36. Suicide	8	13	6	2	..	..	..	..	..	..	3	6	2
37. All other causes	235	230	121	114	18	..	3	21	10	10	38	85	73
38. Ill-defined causes	5	1	4	1		..	1	1	..	..	3	1	..

Deaths in Institutions,	528	Mean temperature,	27.9 deg. Fahr
Mean barometer,	29.97	Minimum temperature,	7.0 deg. Fahr
Mean humidity,	56.7	Maximum temperature,	40.0 deg Fahr
Precipitation,	.13	Snow,	2.5

†If the deaths under one month, numbering 91 from all causes, be deducted from the total deaths under one year, the resulting rate will be 33 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 8, Diabetes 27, Alcoholism 5, Locomotor Ataxia 2, Paresis 6, Arterio-sclerosis 68, all other congenital causes 8.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

f SERIES, Vol. XI. JANUARY 14, 1922. No. 2.

EXTENSION OF PRENATAL WORK.

The Maternity Center Association of New York City is co-operating with the rtment of Health in extending its prenatal service in the Borough of Manhattan. Association will furnish doctors and nurses to hold clinics for expectant mothers rtain Baby Health Stations maintained by the Department, as follows:

Tuesday—326 East 11th Street and 43 East 133rd Street, 2 to 4 p. m.

Thursday—214 Monroe Street and 289 Tenth Avenue, 2 to 4 p. m.

Friday, 315 East 12th Street and 2842 Eighth Avenue, 2 to 4 p. m.

The doctors and nurses attached to the Baby Health Stations will co-operate in maintenance of these prenatal clinics. It has been amply demonstrated that proper natal instruction has a definite effect in reducing the maternal mortality rate and infant death rate during the first month of life. At the present time, the deaths urring in the first month of life furnish, approximately, 45 per cent of our total ant mortality rate or deaths under one year of age. Definite and decided decreases the infant death rates from diarrhoeal, respiratory and contagious diseases have urred during the past twenty years. The death rate from congenital diseases, which ur mainly during the first month of life, has shown little, if any, decline. Numerily, the number of deaths from this cause is higher for 1921 than for 1920, notwithnding that the infant death rate, as a whole, was 71 for 1921, as against 85 for 0

As a sufficiently large appropriation to extend the prenatal service of the Dertment's Bureau of Child Hygiene is not, at present, available, we welcome the coeration of interested organizations who are working to reduce the maternal death te and the early infant death rate by furnishing instruction to expectant mothers ring the prenatal period.

FURTHER CLINICS FOR THE CRIPPLED.

Further Lorenz Clinics will be held for the general public according to the folwing schedule:

Manhattan	*Brooklyn*	*The Bronx*	*Queens*	*Richmond*
January 16	January 25	January 20	January 18	January 23
January 27				
January 30				

Digitized by Google

These clinics will begin at 10 a. m., and are to be held at the various Borough headquarters of the Department, except in The Bronx, where the Baby Health Station, at 428 East 133rd Street, has been selected for the purpose.

An operative demonstration clinic for physicians was held at Gouverneur Hospital, yesterday (January 13).

NEW REGULATIONS FOR BATHING ESTABLISHMENTS.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 22nd day of December, 1921, the following resolution was duly adopted:

RESOLVED, That the regulations governing the establishment and maintenance of bathing establishments, and relating to sections 340 and 341 of the Sanitary Code, be and the same are hereby amended by the addition of a new regulation to read as follows:

Regulation 7-A. No bathing establishment shall be maintained or conducted in any building, structure, room, enclosure, place or premises wherein bathing suits are hired out or which for hire are used for the purpose of dressing or undressing in connection with the wearing, putting on or taking off of bathing suits unless the proprietor of such establishment submit proof satisfactory to the Board of Health that the patrons of same shall have access to a pool or beach which is provided with life lines and life saving appliances as required by the Sanitary Code and the rules and regulations of the Board of Health.

A TRUE COPY,

CHARLES L. KOEHLER,
Secretary.

FOOD POISONING.

As the Department is desirous of securing reports of cases of food poisoning, as stated in a recent number of the Bulletin, we quote the following for the information of readers:

"Food Infections."

"Students of the subject now believe that practically all instances of food infections are due to the bacillus of Gaertner (*B. enteritidis*), which is taken as the type of a group of closely allied organisms. Instances of food "poisoning" caused by *B. enteritidis* are rare in this country; at least very few outbreaks have been described. They occur more frequently on the continent of Europe and occasionally in England.

"The symptoms of food infection are essentially those of an acute gastro-intestinal irritation, namely, nausea, vomiting, abdominal pain and diarrhea. The onset is usually sudden. The attack may be ushered in with headache and a chill. The abdominal pain is frequently the first symptom, and may be griping and severe. The diarrhea usually consists of repeated bowel actions, which as a rule are offensive. Later in the attack, the stools become more watery and are frequently of a green color. Faintness, muscular weakness and prostration may be quite marked. Thirst is always present. There is almost always a rise of temperature, usually to about 102 or 103 F. Various nervous manifestations, such as restlessness, muscular twitchings and drowsiness, may occur, but these symptoms are not constant or marked. Oliguria is often present. Herpes and other skin rashes have been noted. The clinical picture is that of an acute, self-limiting febrile infection.

"The severity of the symptoms varies greatly in different outbreaks, and even in the same outbreak. All degrees are encountered, from fulminating cases, fatal within twenty-four hours, to those of slight diarrhea and malaise, insufficient to keep the [illegible]m work. Usually the attack is over in a day or two, with prompt re[illegible]ough occasionally marked prostration may persist. The severity doubtless the virulence of the particular strain of bacilli concerned, the length of

Digitized by Google

time it had to grow upon the incriminated food before consumption, and the temperature of growth. The symptoms vary with the dose, that is, with the number of bacteria ingested with the food. The susceptibility of the individual also plays an important role in this, as in other infections. The severity of the symptoms, therefore, may be due to a number of complicating causes, some of which are not understood.

"Usually from six to twelve hours elapse between the ingestion of the food and the onset of symptoms, though occasionally the period of incubation is four or less, and it may be seventy-two hours or more. Not only does the incubation period vary in different outbreaks, but in the same outbreak widely different incubation periods have been noted. It is natural to accuse the food vomited as the food responsible for the trouble, but frequently several meals elapse between the ingestion of the infected food and the onset of symptoms. It is a common mistake to accuse the wrong food.

"The case fatality rate varies greatly in different outbreaks. In the 112 British outbreaks studied by Savage, there were some 6,190 cases with ninety-four deaths, a case fatality rate of 1.5 per cent.

"The age and sex distribution depends entirely on the accidental age and sex distribution of those who eat the infected food.

"Most cases occur in the summer time, the disease corresponding in seasonal prevalence to typhoid fever, cholera, dysentery and other intestinal infections. The bacilli responsible for food infection grow in the food before it is eaten, and therefore temperature is a very important factor. The greater multiplication of these bacteria in hot weather also increases the opportunities for transmission of infection through flies and other means. Secondary infections rarely occur. There is the same potential possibility of contact infection as in typhoid fever, but the cases of food infection are for the most part acute and of short duration, so that there is little opportunity for secondary infection. Furthermore, human carriers are very infrequent.

"The great majority of outbreaks of food infections are due to meat foods; hence, the frequent use of the term "meat poisoning" in this connection. Of the 112 British outbreaks, in twenty-one the vehicle was a non-flesh food; that is, milk, one; cream, one; ice cream, six; potatoes, two; pineapple jelly, one; peaches, one; rice cooked in fat, one. The remaining ninety were all due to flesh meat. The meat of the pig or ox accounts for 68 per cent. of the British and 61 per cent of the continental outbreaks. The almost complete absence of outbreaks due to the meat of the sheep is striking. The number of cases ascribed to fish is small.

"Most outbreaks are due to some form of prepared meat foods, such as brawn, meat pies, sausage and chopped meat. When the nature of the infection is considered, it becomes obvious that the more the food is handled and the longer it lies around, the greater the opportunity for it to become contaminated and for the bacteria to grow and multiply.

"It cannot be too strongly emphasized that in the vast majority of outbreaks of food infection the food affected is not noticeably altered in either appearance, taste or smell. The prevalent idea that poisonous food must be 'tainted' still persists, although long exploded. Bacilli belonging to the Gaertner bacillus group cannot be detected in food or water, any more than the typhoid bacillus, dysentery bacillus or cholera vibrio can be detected with the unaided senses.

"In the Ghent outbreak, investigated by van Ermengem in 1895, a slaughterhouse inspector (a veterinary surgeon) was so certain that the suspected meat (saveloy), in the absence of any abnormal signs, could have no connection with the trouble that he ate two or three pieces of it to demonstrate its harmlessness. He was attacked with severe cholera-like symptoms and died five days later, the Gaertner bacillus being recovered postmortem.

"In a few outbreaks, however, minor peculiarities of the food have been noted,

Digitized by Google

such as objectionable flavor, heavy odor, and moist or soft condition. These ... ever, are rare exceptions and not the rule.

"It is not *decomposed* food, but *infected food* that is likely to cause trouble.

"Diagnosis of food infection depends on: history of exposure to the ... food; symptoms suggestive of food poisoning; isolation of the infecting ... from the suspected food, and also from the blood, urine, feces or viscera of ... tient (bacilli belonging to the Gaertner group disappear from the feces in ... seven to ten days after the onset of symptoms); specific identification of the ... organism by agglutination tests; demonstration of agglutinins in the blood ... patients. A positive reaction can be detected six or eight days after the ... symptoms. Agglutination in comparatively low dilutions is usually accepted as ... nostic, owing to the fact that it is extremely rare to find a positive reaction for ... *enteritidis* or *B. suipestifer* in normal individuals.

"It must be quite evident that the term "food poisoning" is not well chosen ... far as infections with Gaertner's bacillus are concerned. This bacillus produces ... acute febrile infection, specific in nature. The attacks are usually mild and brief, ... complete recovery. The disease, however, in all essential particulars clearly be... to the group of intestinal infections, including typhoid fever, dysentery and ch... No one would subscribe to the propriety of calling typhoid fever "food poison... even though the typhoid infection was contracted from bacilli contained in ... taminated milk or infected water.

GAERTNER'S BACILLUS AND SOURCES OF INFECTION

"*B. enteritidis* is the type of a group of organisms lying midway between the ... bacillus, on the one hand, and the typhoid bacillus, on the other. It is therefore ... spoken of as the 'intermediate group,' the 'hog cholera group,' the 'enteritidis gro... the 'paratyphoid group,' and the 'Salmonella group.' The classification of the mem... of this group is quite involved, and there is still a lack of agreement among ... teriologists concerning some of the details.

"Gaertner, in 1888, brought forth the first definite evidence which incrimin... bacteria as an etiologic factor in food poisoning. At Frankenhausen, fifty-seven ... viduals became ill after eating the flesh of a cow that had been slaughtered on ... count of enteritis; one case resulted fatally. Gaertner isolated the bacillus from ... organs of the cow and also from the spleen of the man who died.

"*B. enteritidis* and its congeners are pathogenic for some of our food animals ... well as for man. Cattle suffering during life from puerperal fever, uterine infla... mations, navel infection (in calves), septicemia, septic pyemia, diarrhea and ... suppurations are likely to furnish meat containing the Gaertner bacillus or ... related bacilli. Such meat has frequently given rise to 'meat poisoning.' Here ... emergency slaughter (nothschlacht), unless intelligently supervised, furnishes ... that may be a menace. The meat of such animals presents no warning signs of ... danger. This fact was well proved by the meat inspector at Ghent, already referr... to. The story of this tragedy has become classic.

"The meat may come from healthy animals, but become infected after slaughter. This may take place through the hands or instruments of the butcher who has ... handled a diseased carcass. There are other possibilities, such as human carriers ... fecal contaminations.

"Bainbridge states that 'infection of meat by human carriers of *B. suipestifer* ... unknown.' Human carriers of *B. enteritidis* are exceedingly rare. Human carriers ... *B. paratyphosus* B are occasionally discovered, but these also are infrequent. In 4,1... specimens of human feces from healthy individuals examined in our laboratory ... 1917-1918, not a single carrier of any of these nonlactose fermenters belonging to ... enteritidis group was found.

"The English observers believe that all cases of food poisoning traced to human carriers are in reality cases of paratyphoid fever; but the Germans, who do not

Digitized by Google

differentiate between *B. paratyphosus* B and *B. suipestifer*, hold that the latter organism also occurs in normal, healthy human intestines, and may thus become a source of food infection. Such instances must be exceedingly rare in the United States, for in our studies of the subject we have found only the outbreak here recorded in four and one-half years.

"The common gray rat and mouse may harbor *B. suipestifer* and possibly *B. enteritidis* as carriers. Zwick and Weichel examined 177 mice and found that twenty-eight were acting as carriers of Gaertner group bacilli. Hence, food may become infected by contamination with rat or mice feces. There is abundant opportunity for such contact in the slaughterhouse, in butcher shops, in refrigerator plants, in transportation and in the home.

"Contamination with fecal bacteria is highly improbable as a source of infection, for if it were true, food poisoning would be exceedingly common, so great is the ordinary fecal contamination of our food. During the years 1917-1918, more than 500 samples of food were examined in our laboratory without the discovery of a single pathogenic member of the colon-typhoid group." (A further discussion of the subject of food poisoning may be found in the chapter of "Food Poisoning" in Nelson's Loose Leaf System of Medicine, from which many of the facts cited above are taken; it is also discussed in Preventive Medicine and Hygiene (Ed. 4) by one of us (M. J. R.).)

(*Quoted from Rosenau and Weiss, J. A. M. A., December* 17, 1921.)

A CHAMPION OF THE HOUSE-FLY.

"The fly is blamed for carrying all kinds of germs. This is one of the medical scape-goats; one of their explanations intended to cover a lot of ignorance. Did you ever watch a fly clean its feet and body? The fly keeps himself cleaner than many of those who talk about him."

The above paragraph was copied from page 792 of "The Chiropractor's Adjuster," published in 1910, a volume from the pen of D. D. Palmer, the founder of chiropractic, by S. A. Matthiew, who, very kindly sent it to the Department of Health for the instruction (or amusement) of readers of the Bulletin.

MORTALITY SUMMARY FOR THE WEEK ENDING JANUARY 7, 1922.

The death rate during the past week was 13.28, as compared with 12.78 for the corresponding week of last year. The actual numbers of deaths reported during the weeks under consideration were 1,486 and 1,409 an actual increase of 75 deaths; but if allowance is made for the difference in the size of the population the increase of .50 in the rate is equivalent to an increase of 56 deaths.

The most important increases in mortality were those of heart disease and nephritis from which two causes 77 more deaths were reported during the past week than during the first week of 1921. There was also an increase of 16 deaths reported from cancer. On the other hand there was a sharp decline in the deaths from lobar pneumonia and pulmonary tuberculosis. Bronchitis and broncho pneumonia showed a slight upward fluctuation in mortality. If we consider the mortality of the acute contagious diseases as a group there were 6 fewer deaths reported from this cause during the past week than during the corresponding week of 1921, to wit: 43 as compared with 49. Encephalitis lethargica and typhoid fever showed slight increases which were more than offset by decreases in the mortality of scarlet fever, diphtheria and whooping cough.

If we now examine the age distribution of the decedents we find slightly increased mortality in the groups "under one year of age," "under five years of age" and over 65 years, which might be anticipated since the principal increases were amongst the diseases of later life and the diarrhoeal diseases.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ALASTRIM.—Rucker, W. C. Alastrim. (U. S. Public Health Service. Public Health Reports, Dec. 9, 1921. pp. 3023-3027.)

ALASTRIM.—Watkins, V. E. The relationship of alastrim to smallpox. (Med. Rec., Dec. 31, 1921 pp. 1149-1151.)

BANDAGING.—Cowen, M. C. Bandages and bandaging for nurses. 1920. 177 pp. illus. **610.73 C83**

EFFICIENCY.—Vernon, H. M. The influence of atmospheric conditions on industrial efficiency. (J. State Med., Dec., 1921. pp. 353-362.)

HEALTH.—Fisher, Irving, and E. L. Fisk. How to live; rules for healthful living based on modern science. 15th ed. 1921. 461 pp., tables. **614 F53h15**

HEALTH SURVEYS.—Horwood, M. P., Public health surveys; what they are, how to make them, how to use them, with a foreword by William T. Sedgwick and an introduction by George C. Whipple. 1921. 403 pp. illus. **614.091H78**

MALNUTRITION.—Wood, A. H. Building up the mal-nourished child. (Pub. Health Nurse, Dec., 1921. pp. 617-621.)

MATERNITY WELFARE.—Stokes, Hazmina. Statistical study of two thousand maternity cases. (Pub. Health Nurse, Dec., 1921. pp. 627-629, tables.)

MORPHINISM.—Pearson, C. B. How to determine the severity of a case of morphinism. (Med. Rec., Dec. 24, 1921. pp. 1113-1118.)

SCHOOL HYGIENE.—Howe, W. A. School health service in New York State. (Med. Ins. & Health Conservation, Dec., 1921 pp. 88-99.)

SYPHILIS.—Feldman, Samuel. Syphilis from the standpoint of the clinician. (Med Rec., Dec. 24, 1921. pp. 1107-1113. tables.)

TUBERCULOSIS.—Clark, R. V. Civic control of tuberculosis. (J. State Med., Dec., 1921. pp. 372-379.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Oct. 15	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7
Total deaths	1019	1211	1177	1181	1128	1229	1184	1158	1201	1246	1382	1364	1486
Annual Death Rate	9.24	10.98	10.68	10 71	10.19	11.15	10.74	10 46	10.89	11.30	12.06	12.37	13.2[illegible]
*Acute Infectious Diseases	21	32	20	37	23	27	27	20	29	31	43	41	41
Pul. Tuberculosis..	81	91	84	99	85	98	88	78	94	90	101	89	101
Influenza	5	4	7	8	4	9	2	7	3	5	5	6	16
Lobar Pneumonia.	43	45	58	61	50	64	68	52	64	62	82	85	116
Broncho Pneum...	30	38	44	56	42	63	38	52	56	70	76	80	88
**Violent Deaths ...	68	71	68	62	69	66	76	92	61	67	61	92	89
Deaths under 1 year.	154	164	161	161	143	151	158	140	161	166	179	175	229
Rates per 1,000 births	60.3	64.1	62.9	62.8	55.8	58.6	61.3	54.4	62.5	64.5	69.5	68 0	81.9
Deaths under 5 years	208	227	228	226	192	202	214	189	211	245	259	261	312
" 5-65 years ..	559	688	657	665	629	728	675	666	675	692	751	768	789
" 65 years and over	252	296	292	290	302	299	295	298	315	309	322	335	345

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	235	279	258	269	164	266	190	213	349	256	188	137	196
Diphtheria	113	184	195	203	228	220	239	201	247	241	282	276	265
Measles	33	41	57	68	70	93	168	178	217	240	262	289	262
Scarlet Fever	83	97	135	146	115	196	184	266	225	252	325	238	293
Chickenpox	23	26	44	64	68	97	104	160	118	143	221	128	179
Influenza	21	29	29	20	18	22	20	13	25	34	34	53	44
Pneumonias	166	209	235	227	225	269	263	206	264	307	309	281	464
Typhoid Fever	24	19	22	18	18	14	23	16	6	5	7	8	4
Whooping Cough ...	58	65	43	53	34	80	37	82	116	70	76	90	72
Syphilis	220	206	275	199	255	211	291	311	285	223	304	198	273
Gonorrhoea	134	167	99	161	109	91	129	115	119	107	68	97	105
Poliomyelitis	34	42	18	17	5	5	11	3	2	6	1	1	
Cerebro-spinal Meningitis	4	6	5	7	1	3	6	5	3	7	4	3	1
Total	1142	1369	1415	1452	1305	1567	1665	1764	1981	1891	2061	1 92	2213

Digitized by Google

ortality Summary for the Week Ending Saturday Noon, January 7, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
ttan	2,284,103	2,271,892	658	662	680	985	624	59	15 08	15 20	14 47
onx	732,016	809,586	152	161	167	291	185	8	10.19	10.88	10.76
yn	2,018,356	2,117,227	445	517	535	1124	465	44	11.17	12 74	13 18
.....	469,042	516,683	117	106	124	198	247	8	12 27	10 70	12 52
nd	116,531	124,400	87	40	30	57	24	3	15.92	16.77	12.58
l	5,620,048	5,839,788	1409	1486	1486	2655	1455	122	12 78	13 28	

orrected by redistributing deaths according to borough of residence.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
ttan	24	46	2	6	5	48	37	14	14	6	4	42	102	152	351	159
Bronx	1	8	..	1	.	10	8	2	2	3	..	9	25	32	81	48
klyn	7	29	1	7	9	49	29	8	8	7	..	23	66	104	283	130
ns	3	11	..	2	1	7	7	1	1	1	1	1	12	18	50	38
mond	..	9	..	..	..	2	2	2	2	..	.	..	5	6	24	10
tal	35	103	3	16	15	116	83	27	27	17	5	75	210	312	789	385

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
nhattan	94	87.4	7	6.5	2	6	143	34 8	18	3 2	21	5.1
e Bronx	27	91 9	2	6.8	..	1	34	21.8	3	1 9	1	.6
ooklyn	70	78.2	5	5.2	..	5	109	25 7	8	1 9	6	1 4
ueens	14	75 5	1	5.4	..	1	20	19 3	1	1.0	2	1 9
ichmond	5	91.9	1	18.4	..	1	6	26.2	2	8.7	..	..
City of New York.	210	81.8	16	6.2	2	14	312	27.9	27	2.4	30	2 7

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 12-31-'21	91	91	37	18	34	51	5	16	37	3	..	1	..	..	..	40	..	562	163	1149
Admitted	17	22	41	18	9	14	4	9	5	..	..	1	..	..	..	1	..	10	14	160
Discharged ..	12	24	13	2	..	15	1	1	7	2	..	..	..	..	..	8	..	16	10	111
Died	2	6	9	1	..	3	..	2	..	..	..	1	..	..	..	..	..	1	1	26
Rem'g 1-7-'22..	94	83	56	28	43	47	8	22	35	1	..	1	..	..	..	33	..	555	166	1172
Total treated	108	113	78	31	43	65	9	25	42	3	..	2	..	..	..	41	..	572	177	1309

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1486	1,409	790	696	210	62	40	312	32	70	254	423	395
1. Typhoid Fever	3	1	1	2	..	..	..	..	1	..	2	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	12		6	6	..	8	3	11	1	..	..	..	..
6. Scarlet Fever	7	1	..	7	..	3	2	5	2	..	..	..	..
7. Whooping Cough	2	14	1	1	..	1	1	2	..	..	..	..	..
8. Diphtheria	14	3	8	6	3	4	5	12	2		..	..	..
9. Influenza	16	27	8	8	3	1	1	5	..	1	2	6	2
Poliomyclitis	..	9	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	7	9	2	5	3	1	..	4	..	..	2	1	..
18. Pulmonary Tuberculosis	103	119	64	39	..	1	..	1	..	18	52	26	6
14. Tbc. Meningitis	8	12	5	3	2	..	..	2		1	3	1	1
15. Other forms Tbc.	6	5	1	5	..	..	..	..	2	2	1		1
16. Cancer, Malignant Tumor	117	101	58	59	..	..	2	2	..	4	23	55	33
17. Simple Meningitis	4	4	1	3	1	..	..	1	1	1	1	..	..
17a. Cerebro-spinal Meningitis	3	1	2	1	1	1	..	2	..	1	..	..	
18. Apoplexy, Softening of the Brain	22	24	14	8	..	..	..	..		..	3	7	12
19. Organic Heart Diseases	327	259	159	168	..	..	..	..	6	4	33	137	147
20. Acute Bronchitis	15	12	8	7	7	1	..	8	..	..	..	2	5
21. Chronic Bronchitis	3	3	..	3	2	..	..	2			..	1	
22. Lobar Pneumonia	116	146	72	44	11	7	6	24	5	4	33	37	13
22a. Broncho Pneumonia	83	80	44	39	41	14	8	63	1	2	3	6	8
23. Other Respiratory Diseases	10	10	6	4	..	1	1	2	..	..	2	4	2
24. Diseases of the Stomach (Cancer excepted)	6	6	5	1	1	..	1	2	.	..	2	1	1
25. Diarrhoeal Diseases (under 5 years)	27	16	18	9	16	9	2	27	.		..		..
26. Appendicitis and Typhilitis	12	13	8	4	..	..	1	1	1	1	5	4	..
27. Hernia, Intestinal Obstruction	12	11	8	4	1	..	..	1	..	1	2	3	5
28. Cirrhosis of Liver	2	4	2	..	..	..	..	..		..	.	2	..
29. Bright's Disease and Nephritis	89	78	41	48	..	..	1	1		1	11	23	43
30. Diseases of Women (not Cancer)	6	3	..	6	..	..	..	..		..	5	..	1
31. Puerperal Septicaemia	2	3	..	2	..	..	..	..		2	..	..	
32. Other Puerperal Diseases	3	13	..	3	..	..	..			2	1	..	
33. Congenital Debility, and Malformations	90	77	53	37	33	1	..	39	1				..
34. Old Age	10	4	5	5	..	..	..	..	..	..			10
35. Violent Deaths	80	97	52	28	1	4	3	8	3	7	23	22	17
a. Sunstroke	..	..	..	..	..	..	.	..	..	..	..	..	
b. Other Accidents	75	89	47	28	1	4	3	8	3	6	20	21	17
c. Homicide	5	8	5	..	..	..	..	..	..	1	3	1	..
36. Suicide	17	8	11	6	..	..	..	..	..	2		5	2
*37. All other causes	249	234	126	123	29	5	2	36	6	15	36	55	71
38. Ill-defined causes	3	3	1	2		..	1	1	..	1	1	..	

Deaths in Institutions,	556	Mean temperature,	23.1 deg. Fahr.
Mean barometer,	29.99	Minimum temperature,	7.0 deg. Fahr.
Mean humidity,	55.6	Maximum temperature,	50.0 deg. Fahr
Precipitation,	.16	Snow,	Trace

†If the deaths under one month numbering 105 from all causes, be deducted from the total deaths under one year, the resulting rate will be 41 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 6, Diabetes 33, Alcoholism 4, Locomotor Ataxia 3, Paresis 4, Arterio-sclerosis 69, all other congenital causes 14.

35a-2022-28-O'C

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JANUARY 21, 1922. No. 3.

DANGERS OF THE SPREAD OF SMALLPOX.

The year just closed saw an increased prevalence of smallpox in many parts of the country. Within the first six months of the year, about 18,000 cases of smallpox were reported in those states (the "Registration Area"), where a reliable method of registration exists. While the type of smallpox which has been epidemic on an extremely large scale in various Canadian, western, and southern cities, has been mild during the past decade or more, and while the number of deaths have been extremely few, there has been noted, during the past year, a marked intensification of the virulence of the malady, especially in Louisiana and Kansas, where a case fatality rate of more than 10 per cent has been reported. It is possible that the Convention of the American Legion, which was recently held in Kansas City, and which was followed by the dispersion of the thousands of delegates to various parts of the country, may have been the means of spreading smallpox. While this is problematical, at all events it is a fact that the tides of travel bring into this city millions of visitors annually, many of them from parts of the country where smallpox is prevalent on a relatively large scale. In many of these places public health organization is so crude, or lacking in development, that cases of smallpox are not even quarantined.

In view of the increase in prevalence and of the increased intensity of smallpox, it is necessary for the Department of Health to be alert in ferreting out every possible contact case in instances where a case of smallpox is discovered. During the year, there were 9 such cases of smallpox discovered in New York City; two of them in a very large shoe factory where, owing to the co-operation of the employers and employees, more than 500 vaccinations were performed.

In the interest of public welfare, and in order that smallpox may not gain a foothold in this city, the Department is empowered to exclude from work and isolate in the home for purposes of observation every person who has been in contact with a smallpox patient, and who refused to permit smallpox vaccination. The acceptance of vaccination by those who have been exposed to smallpox is a matter that concerns not only their own health, but the safety of others, and if they do not voluntarily accept such protection they must be excluded from contact with the general public for a period of 21 days, so that we may observe them, and assure ourselves that they are not developing the disease.

Digitized by Google

Revaccination of persons who have not been vaccinated for seven years or more, is extremely necessary. It is needless to say that children and others who have never been vaccinated stand in the greatest danger from smallpox. The conditions that prevail with reference to this malady, in the country as a whole, indicate that we must be on our guard against a disease which seems to be spreading rapidly, because of the large numbers of persons in other cities who have not been vaccinated. Especially significant is the fact that the severity of the disease has been so greatly intensified.

During the year 1921, there were 29 cases of smallpox reported in the Greater City. Of these, 9 were secondary, or contact, cases and 14 came from out of town.

THE DIFFERENTIAL DIAGNOSIS OF SMALLPOX.

An Interesting Case.

Variola, as is well known, has followed a very mild course in New York City, in fact throughout the country, for several years. This lack of virulence has resulted in modifications and abbreviations of both subjective and objective symptoms. The disease is frequently afebrile, after the appearance of the rash. The lesions may be so few in number (less than a score) that their distribution is indeterminate. Few, or none, of them may go on to pustulation. Desiccation may be well on the way by the middle of the second week; and complications and sequelae are practically unknown. With all these attenuating, and often confusing, departures from type, the prodromal period still runs true to form. It is invariably from three to four days in duration, and the patient is sick, with fever, and malaise, accompanied by either headache, backache, or abdominal pain, or all of the three. This syndrome is such an exact counterpart of the onset of influenza that it is common for a diagnosis of smallpox to be preceded by three or four days, with a diagnosis of influenza. The following is an interesting case in this connection:

Patient, H. A., a boy, six years old, was taken sick, suddenly, with fever, malaise, vomiting, severe headache, and backache. Symptoms persisted, with temperature reaching 103° F., for four days, during which time there was no reason for doubting the correctness of the diagnosis of influenza.

On the 5th day, subjective symptoms had disappeared, and the patient felt entirely well. There were, however, generally distributed over face, forearms, backs of wrists, and shins, some two or three score maculo-vesicular lesions. There was scarcely a lesion on the trunk and none on the scalp. The illness exactly corresponded, both in character and duration, to the prodromal period of smallpox; and the distribution of the eruption was centrifugal and strongly suggestive of the same disease.

While the case, certainly, was one to arouse suspicion, and was deserving of another inspection on the following day, there were points about the eruption that did not indicate variola. In the first place, there was fluid, appreciable to the eye, in some of the lesions, within twenty-four hours of their first appearance. In varioloid, the life history of the skin lesions is abbreviated; some of the stages are hurried through, or even omitted. Still we do not expect, usually, such a degree of precocity. In the case in question, although the lesions were more numerous on forearms and legs than on arms and thighs, there was not a lesion on hand or foot. Such a distribution is not to be expected.

On the following day, many of the lesions had disappeared and those still present were receding. There was no scab formation. The diagnosis of influenza was allowed to stand—the rash being considered as probably due to medication.

Digitized by Google

PREVENTING DIPHTHERIA.

The district nurses have been instructed to notify headquarters when, in the course of their day's work, they find children, who are exposed to diphtheria, and who might properly be presumed to be susceptible because they have not been Schick tested and found to react negatively, or, because they have not been actively immunized by toxin-antitoxin. The object of such prompt notification is to enable the Department to get in touch with the family physicians, in order that they may be persuaded to immunize all exposed persons, since delay in immunization has so frequently been found to be the cause of the development of diphtheria, which could have been easily, surely, and safely prevented by the timely administration of a small immunizing dose of antitoxin. To fail to give such prompt immunization, unless the exposed, children are known to be "sensitized" or especially susceptible to the effect of horse serum, shows the greatest negligence. Headquarters will inform the said family physicians that it is their duty to immunize susceptible persons in the family, unless a very definite contraindication exists, and will offer to perform immunization for the physicians, with the latters' consent. Physicians who fail to immunize, in the face of such warning, incur a serious liability, and it is therefore our duty to advise them and urge them as strongly as possible to protect themselves by offering immunization, promptly, or else to let the Department perform it. It is well to bear in mind, in this connection, that children who have had several attacks of diphtheria are not necessarily immune to the disease. It is obvious that the Schick test, which is a perfectly safe procedure, is the logical measure which all parents in the City should be educated to have applied to their children, when they are well, and have not been exposed to diphtheria, in order to discover whether they are in danger of contracting the disease. If children, as the result of the application of this special test, are shown to be susceptible to diphtheria, immunization by toxin-antitoxin is, of course, the only logical and safe procedure.

PREVENTING SMOKING IN THE SUBWAY.

VIOLATIONS OF SECTION 216, SANITARY CODE, GREATER NEW YORK, 1921.

Arrests.	Discharged.	Suspended Sentences.	Imprisoned.	Fined.	Amt. Fines.
880	27	46	2	805	$1,283

The above gives the court record of the efforts of the Sanitary Squad to prevent smoking in the subways during last year.

"THE WEEKLY BETTER TIMES BULLETIN."

A weekly bulletin presenting the news of all charitable and social welfare work in New York has made its initial appearance, according to an announcement made by Miss Lillian D. Wald, for a committee of persons prominent in philanthropic work.

The new publication, to be known as "The Weekly Better Times Bulletin" will be issued as a supplement to "Better Times," a monthly magazine devoted to the activities of the 2,000 charitable and social welfare organizations in this city. The weekly bulletin will report the gist of the current news of local philanthropic and welfare

Digitized by Google

work, a record of social legislation, and all announcements of importance for those actively interested in social welfare activities.

The publication is sponsored by a Board of which Mr. Herbert Hoover is chairman and among whose members are Miss Lillian D. Wald, of the Henry Street Settlement; Mr. James H. Post, of the new Federation of Protestant Child-Caring Institutitions; Rev. Bryan J. McEntegart, of the Catholic Charities; Mrs. Sidney C. Borg, of the Federation of Jewish Philanthropic Societies; Commissioner Bird S. Coler, of the Department of Public Welfare; Dr. Thomas J. Riley, of the Brooklyn Bureau of Charities; Mr. William Fellowes Morgan, of the Merchants Association and the United Hospital Fund, and Mr. Lawson Purdy, of the Charity Organization Society. Mr. George J. Hecht is the editor of the new bulletin, and Mrs. Gertrude H. Springer, managing editor.

The publication is not a commercial enterprise, being issued through the joint efforts of the various social welfare organizations and for their benefit. A free sample copy will be sent to anyone interested on request. The offices are at 100 Gold Street, New York.

IMMIGRANTS MUST BE REASONABLY CLEAN.

Although when typhus and plague subside in Europe (as they must eventually) the menace of the vermin-bearing immigrant will practically disappear, still the U. S. Public Health Service will continue to insist that travellers to this country must be reasonably clean when they embark, regardless of any infection to which they are known to have been exposed.

The louse is, of course, quite as common in some quarters of the larger American cities as it is in the European slums; and it is dangerous only when it has become infected, which it can be only by biting an infected person and absorbing his germ-laden blood. If all typhus patients, for instance in this country, be promptly isolated and kept away from lousy surroundings, they cannot communicate the disease, and it will speedily die out. This explains why the cases of typhus that occurred in New York City in 1911 did not cause an epidemic in spite of the verminous condition of many of the New York slum districts.

Nevertheless, greater personal cleanliness should, as a matter of ordinary decency and healthfulness, be required from immigrants; and no return should be allowed to the conditions that prevailed for many years before the war, when very many immigrants from central Europe arrived in an inexcusably dirty condition, many of them infected with vermin. Even though, in those days, they did not bring epidemic diseases, they did bring many minor afflictions, created disease centers and flooded parts of many cities with vermin.

At present, with the reduction in immigration brought about by the existing law restricting their numbers and with the disinfecting and delousing facilities that the steamship companies have installed, some of them practically under compulsion, at European ports, conditions are reasonably satisfactory. The respite is, however, not for long, for the restrictive law is for one year only, and unless it is renewed or in some way replaced the tidal wave of immigrants, now waiting in Europe for the letting down of the bars, will rush for this country, and the resulting pressure will test every timber in the health barricade.

It is believed that the steamship companies have taken warning by their experience of last winter and spring, and will keep in operation adequate facilities for bathing and disinfecting their prospective passengers. The Public Health Service cannot compel them to do this; nor can it do it itself, for some European

Digitized by Google

countries object, on the ground that, in setting up the necessary facilities, the U. S. Government would be exercising extra-territorial powers and thereby encroaching on their sovereignty.

Under these circumstances, all the Service can do is to repeat its action of last spring by requesting the State Department to instruct its consuls in Europe to refuse a bill of health to vessels sailing without adequate cleansing measures, and by instructing its own quarantine officers to delouse immigrants on arrival here, and to detain them, in case of suspicion, for 12 days thereafter. It was this action alone that caused some steamship companies to go to the expense of installing disinfecting plants abroad.

Failure to delouse properly on the other side enormously increases the trouble and expense on this side. The necessity of holding a shipload of immigrants for 12 days, after delousing, is in every way objectionable, both to the Government, the steamship owners, and the immigrants. But it seems to be the only available means that will remain for protecting the country against vermin carriers and disease carriers, if the bars are let down and the flood becomes great enough to swamp the cleansing facilities at foreign and home ports.

MORTALITY SUMMARY FOR THE WEEK ENDING JANUARY 14, 1922.

There were 1,481 deaths reported during the week just closed with a death rate of 13.23 as compared with 1,396 deaths and a rate of 12.66 (1921), an increase in the absolute number of deaths of 85 and in the death rate of .57 of a point, this latter being equivalent to a relative increase of 64 deaths. This pronounced increase in the mortality rate for the week was due not to any increase in the infectious or contagious diseases of childhood but to an increase in the mortality from organic heart diseases, Bright's disease and nephritis, cancer, pulmonary tuberculosis and lobar pneumonia, diseases affecting chiefly adults and old persons.

The total number of deaths from infectious diseases was 45 as compared with 52 in the corresponding week of 1921, a decrease of 7 deaths. Diarrhoeal diseases under five years of age were responsible for 12 deaths as compared with 25, a decrease of 13. There were 308 deaths reported from organic heart diseases as compared with 284, an increase of 24, and 103 deaths from Bright's disease and nephritis as compared with 93, an increase of 10. There were 149 deaths attributed to lobar pneumonia as compared with 118, an increase of 31 deaths. Acute bronchitis and broncho pneumonia totaled 120 deaths as compared with 95 deaths, an increase of 25 deaths from these two causes, this increase occurring chiefly among children. Pulmonary tuberculosis killed 117 persons as compared with 101, an increase of 16; on the other hand only 12 deaths were reported from other forms of tuberculosis as compared with 31, a decrease of 19 deaths.

Viewed from the point of age grouping there were 196 deaths reported of infants under one year of age as compared with 183, an increase of 13 deaths. Between one and five years of age there were 102 deaths reported as compared with 97, an increase of 5. Between five and sixty-five years of age there were 793 deaths reported as compared with 790, an increase of 3. At ages over sixty-five there were 390 deaths reported as compared with 326, an increase of 64 deaths making a total increase of 85 deaths at all ages.

The death rate for the first two weeks of the year was 13.25 per 1,000 of the population as compared with a rate of 13.01 in the corresponding weeks of 1921, an increase of .24 of a point.

Seventy-nine infants under one year of age died out of every 1,000 born during the first two weeks of the year as compared with 72 deaths out of every 1,000 births in the corresponding period of 1921, an increase of 7 deaths per 1,000 children born.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANTHRAX.—Smyth, H. F. Disinfecting skins and hair for anthrax. (Am. J. Hyg., Sept.-Nov., 1921. pp. 541-546.)

BATHS.—Gage, C. DeM., and A. E. Griffin. Sanitation of bath-houses or public bathing schools. (Am. J. Pub. Health, Dec., 1921. pp. 1080-1085, tables.)

DIPHTHERIA.—Kilduffe, R. A. The Schick test and its practical application in the control of diphtheria. (Am. J. Nursing, Jan., 1922. pp. 254-258.)

DUST.—Roos, C. B. Dust in printers' workrooms. (Jour. Ind. Hyg., Jan., 1922. pp. 257-263, tables.)

FIRST AID.—Hubbard, S. D. First aid; medical emergent aid practically applied to industry. (N. Y. Med. Jour., Jan. 4, 1922. pp. 36-39.)

HOUSING.—Davidson, H. M., and L. R. The municipal apartments of Paris help solve the housing problem. (Am. City, Jan., 1922. pp. 52-53, illus.)

INSURANCE HEALTH.—Hartshorn, W. E. Compulsory health insurance; a Connecticut viewpoint. (Med. Rec., Jan. 7, 192[illegible] pp. 17-18.)

LAUNDRIES.—Kelley, R. F. G. A public laundry in a bath-house. (Am. City, Jan., 1922. pp. 43-46, illus.)

NOISE.—Gligert, D. J. Influence of industrial noises. (J. Ind. Hyg., Jan., 192[illegible] pp. 264-275.)

POSTURE.—Osgood, R. B. Is there any evidence to suggest that poor posture bears any causal relation to poor health in children? (Mother and Child, Jan., 192[illegible] pp. 5-12, illus.)

TYPHOID FEVER.—Hamer, W. H. A bird's-eye view of typhoid fever in London during the last seventy years. (Public Health [London], Dec., 1921. pp. 57-64.)

VENEREAL DISEASES.—Riddell, W. I. Venereal disease: a public peril. (N. Y. Med. Jour., Dec. 21, 1921. pp. 714-715.)

VITAL STATISTICS.—Pearl, Raymond. The vitality of the peoples of America. (Am. J. Hyg., Sept.-Nov., 1921. pp. 582-674 chart.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Oct. 22	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14
Total deaths	1211	1177	1181	1123	1229	1184	1158	1201	1246	1332	1364	1496	162[illegible]
Annual Death Rate	10.98	10 68	10 71	10.19	11.15	10.74	10.46	10.89	11.30	12.08	12.37	13 28	13 2[illegible]
*Acute Infectious Diseases	32	20	37	23	27	27	20	29	31	43	41	41	6[illegible]
Pul. Tuberculosis..	91	84	99	85	98	83	78	94	90	101	89	103	12[illegible]
Influenza	4	7	8	4	9	2	7	3	5	5	6	16	[illegible]
Lobar Pneumonia.	45	58	61	50	64	68	52	64	62	82	85	116	1[illegible]
Broncho Pneum...	38	44	56	42	63	38	52	56	70	76	80	88	1[illegible]
**Violent Deaths ...	71	68	62	69	66	76	92	61	67	61	92	80	[illegible]
Deaths under 1 year.	164	161	161	143	151	158	140	161	166	179	175	210	1[illegible]
Rates per 1,000 births	64.1	62.9	62.8	55.8	58.6	61.3	54.4	62.5	64.5	69.5	68 0	81.8	7[illegible]
Deaths under 5 years	227	228	226	192	202	214	189	211	245	259	261	312	3[illegible]
" 5-65 years ..	688	657	665	629	728	675	666	675	692	751	768	789	7[illegible]
" 65 years and over	296	292	290	302	299	295	298	315	309	322	335	335	3[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	279	258	269	164	266	190	218	349	256	188	137	196	2[illegible]
Diphtheria	184	195	203	228	220	239	201	247	241	282	276	246	2[illegible]
Measles	41	57	68	70	93	168	173	217	240	262	269	362	4[illegible]
Scarlet Fever	97	135	146	115	196	184	266	225	252	325	283	282	3[illegible]
Chickenpox	26	44	64	68	97	104	160	118	143	221	128	170	1[illegible]
Influenza	29	29	20	18	22	20	13	25	34	34	53	56	[illegible]
Pneumonias	209	235	227	225	269	263	206	264	307	309	381	464	5[illegible]
Typhoid Fever	19	22	18	13	14	23	16	6	5	7	8	4	[illegible]
Whooping Cough ...	65	43	53	84	80	37	82	116	70	76	90	72	[illegible]
Syphilis	205	275	199	255	211	291	311	285	223	304	193	278	2[illegible]
Gonorrhoea	167	99	161	109	91	129	115	119	107	68	97	105	1[illegible]
Poliomyelitis	42	18	17	5	5	11	3	2	6	1	1		[illegible]
Cerebro-spinal Meningitis	6	5	7	1	3	6	5	8	7	4	8	5	[illegible]
Total	1369	1415	1452	1305	1567	1665	1764	1981	1891	2081	193	222	2[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, January 14, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
anhattan	2,284,103	2,271,892	643	659	626	1228	1041	84	14 78	15 13	14 38
e Bronx	732,016	809,536	148	163	157	297	176	12	9.92	10.51	10.12
ooklyn	2,018,356	2,117,227	478	512	545	976	368	50	11.88	12.62	13 43
ieens	469,042	516,683	89	109	125	148	33	12	9 33	11.01	12 62
chmond	116,581	124,400	43	38	28	48	11	2	18.50	15.94	11.74
Total	5,620,048	5,839,738	1396	1481	1481	2692	1629	110	12.66	13.28	

*Corrected by redistributing deaths according to borough of residence.

During the first two weeks of this year there were 2,967 deaths, a rate of 13.25 per 1,000 pulation. During the corresponding weeks of last year there were 2,870 deaths, a rate of 13.01 r 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases, under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
anhattan	19	88	1	6	5	56	47	8	5	8	5	30	81	129	374	156
he Bronx	1	39	..	1	..	15	10	..	..	1	..	8	10	18	105	40
rooklyn	17	23	3	5	12	65	36	8	7	1	1	16	87	125	244	148
ueens	3	12	..	1	2	12	7	..	..	..	..	3	18	26	46	37
ichmond	..	10	..	..	..	1	1	..	..	..	..	4	..	..	24	14
Total	40	117	4	13	19	149	101	16	12	10	6	61	196	298	793	390

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Disease	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
anhattan	72	66 8	5	4.6	..	5	111	27 0	5	1 2	13	3.2
he Bronx	15	51 0	..	..	..	..	27	17.3	..	..	3	1.9
rooklyn	87	91 0	5	5.2	2	3	128	30 2	7	1.6	13	3 1
ueens	21	118 5	..	..	..	..	31	30 0	..	..	5	4 8
ichmond	1	18 5	..	..	..	..	1	4.4	..	..	..	..
City of New York.	196	76.3	10	3.9	2	8	298	26.7	12	1.1	34	3 0

During the first two weeks of this year 406 infants died, a rate of 79. per 1,000 births. During he corresponding weeks of last year 367 died, a rate of 72. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 1-7-'22..	94	88	56	28	43	47	8	22	35	1	.	1	..	..	..	33	..	555	166	1172
Admitted	30	25	38	9	10	19	7	6	4	1	..	1	..	..	..	2	..	21	7	180
Discharged ..	14	24	15	10	10	8	2	4	8	1	..	..	..	..	..	2	..	11	6	115
Died	1	4	7	1	.	6	..	..	..	..	..	..	..	..	..	..	..	..	2	21
Rem'g 1-14-'22	109	80	72	26	43	52	13	24	31	1	.	2	..	..	..	33	..	565	165	1216
Total treated	124	108	94	37	53	66	15	28	39	2	..	2	..	..	..	35	..	576	173	1352

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1481	1,896	805	676	196	51	51	298	60	77	225	421	369
1. Typhoid Fever	1	2	..	1	..	..	..	..	..	1	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	12	3	4	8	1	5	6	12		..	..	..	..
6. Scarlet Fever	4	6	4	..	..	..	1	1	3	..	..	..	..
7. Whooping Cough	4	4	3	1	3	..	1	4		..	..	..	..
8. Diphtheria	20	24	8	12	2	8	7	17	2	1	..		
9. Influenza	13	15	6	7	3	..	1	4	1	3	2	3	
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	9	6	4	5	6	..	..	6	..	..	..	3	
13. Pulmonary Tuberculosis	117	101	80	37	..	..	1	1	5	23	49	30	9
14. Tbc. Meningitis	5	15	2	3	..	2	..	2	2	..	1		
15. Other forms Tbc.	7	16	4	3	..	..	..	..	1	4	1	1	
16. Cancer, Malignant Tumor	112	110	60	52	..	..	..	..	2	2	14	53	41
17. Simple Meningitis	5	8	2	3	..	..	2	2	1	..	..	2	
17a. Cerebro-spinal Meningitis	4	5	2	2	..	..	2	2	2	..	..	..	..
18. Apoplexy, Softening of the Brain	12	18	8	4	..	..	..	..	..	..	..	6	6
19. Organic Heart Diseases	298	260	143	150	1	..	1	2	9	6	27	113	130
20. Acute Bronchitis	19	12	12	7	13	3	..	16	..	..	..	..	3
21. Chronic Bronchitis	3	3	1	2	..	..	..	..	..	..	..	1	2
22. Lobar Pneumonia	149	118	89	60	14	5	7	26	6	8	37	36	36
22a. Broncho Pneumonia	101	88	56	45	37	23	9	69	1	..	2	15	14
23. Other Respiratory Diseases	11	12	8	3	3	..	..	3	..	..	1	3	4
24. Diseases of the Stomach (Cancer excepted)	11	12	10	1	1	..	..	1	..	..	3	7	..
25. Diarrhoeal Diseases (under 5 years)	12	25	8	4	10	2	..	12	..	..	..	..	..
26. Appendicitis and Typhilitis	17	6	8	9	..	..	..	..	3	..	7	5	2
27. Hernia, Intestinal Obstruction	11	19	6	5	1	..	..	1	1	1	1	5	2
28. Cirrhosis of Liver	5	10	4	1	..	..	..	..	..	..	1	2	2
29. Bright's Disease and Nephritis	103	98	56	47	..	..	2	2	1	2	17	34	47
30. Diseases of Women (not Cancer)	7	7	..	7	..	..	..	..	..	1	4	1	1
31. Puerperal Septicaemia	4	7	..	4	..	..	..	..	..	2	2	..	
32. Other Puerperal Diseases	4	6	..	4	..	..	..	..	..	1	3	..	
33. Congenital Debility, and Malformations	74	70	35	39	73	..	1	74	..	..	..	..	..
34. Old Age	10	6	1	9	..	..	..	..	..	..	..	..	10
35. Violent Deaths	67	61	50	17	4	1	7	12	12	7	14	14	6
a. Sunstroke		..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	61	60	46	15	4	1	7	12	12	4	11	14	8
c. Homicide	6	1	4	2	..	..	..	..	..	3	3	..	..
36. Suicide	10	16	10		..	..	..	..	..	..	3	5	2
*37. All other causes	239	225	118	121	24	2	3	29	3	15	42	67	77
38. Ill-defined causes	6	2	3	3	..	..	..	..	..	..	3	3	..

Deaths in Institutions,	596	Mean temperature,	30.3 deg. Fahr
Mean barometer,	29.68	Minimum temperature,	17.0 deg. Fahr
Mean humidity,	60.1	Maximum temperature,	44.0 deg. Fahr
Precipitation,	1.40	Snow,	17

†If the deaths under one month numbering 92 from all causes, be deducted from the total deaths under one year, the resulting rate will be 40 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 8, Diabetes, 30, Alcoholism 4, Locomotor Ataxia 3, Paresis 10, Arterio-sclerosis 55, all other congenital causes 13.

25c-2023-23-0°C
Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JANUARY 28, 1922. No. 4.

THE INCREASED PREVALENCE OF SCARLET FEVER.

A marked increase in the prevalence of scarlet fever in New York City began early in 1921. Month after month, from January to June, it was observed that the number of cases was from two to four times greater than the average reported for the corresponding months during the five preceding years, from 1916 to 1920. Table I shows the number of cases and deaths reported each year for the period 1910 to 1921.

Table II gives the number of cases of scarlet fever reported for each month during the year 1921, and contrasts this number with the average number of cases reported for the corresponding months during the five year period, 1916 to 1920, inclusive.

TABLE I.

SCARLET FEVER IN NEW YORK CITY.

Year	Cases	Deaths
1910	18,924	953
1911	15,793	741
1912	21,716	615
1913	10,719	507
1914	11,105	452
1915	9,879	291
1916	5,814	96
1917	6,260	120
1918	4,460	177
1919	4,594	136
1920	6,537	220
1921	13,516	385

Digitized by Google

TABLE II.

SCARLET FEVER CASES REPORTED IN NEW YORK CITY BY MONTHS.

Month	1921	5-Year Average 1916-1920
January	2213	595
February	2224	614
March	2255	646
April	1689	681
May	1274	682
June	904	405
July	214	224
August	157	90
September	206	147
October	497	252
November	770	397
December	1185	646

It will be seen from Table I that the incidence of scarlet fever during 1921 was the highest that has been recorded in this city since 1912, and that the number of deaths has been greater than for any year since 1914. It is clearly evident from this that we are dealing with a situation which, while in no way alarming, nevertheless gives ground for serious thought, and such immediate action as can be best calculated to control the disease.

Furthermore, the epidemiological studies of the Bureau of Preventable Diseases have shown that there has been a decided difference in the degree of prevalence of scarlet fever in the various boroughs.

Table III shows the number of cases and deaths, also the case incidence and death rate per thousand of population, by boroughs, for the year 1921. From this, it will be seen that the different boroughs of the city have been affected in varying degrees. The boroughs of Manhattan and Richmond have had the lowest case rates. The Borough of Queens has been particularly hard hit.

TABLE III.

SCARLET FEVER BY BOROUGHS.

Borough	Cases	Case Rate per 1,000	Deaths	Death Rate per 1,000
Manhattan	4,430	1.95	174	.076
Bronx	2,022	2.56	60	.077
Brooklyn	4,696	2.25	114	.054
Queens	2,134	4.33	36	.072
Richmond	234	1.95	1	.008
Entire City	13,516	2.60	385	.07

Fortunately, we have not often, during the last decade and more, encountered the severe types of scarlet fever, which were formerly the familiar and almost everyday experience of physicians. Nevertheless, scarlet fever must be regarded as a serious disease, because those who are affected are likely to suffer from a certain degree of permanent damage to the heart, kidneys, or other organs.

When we compare the case incidence and fatality rate of scarlet fever with that of what was considered a normal state of affairs, only eight or ten years ago, we see that it is only by comparison with the very excellent conditions which have prevailed in recent years that the present figures give cause for concern. Indeed, many in the community do not realize that for several years past we have, as a rule, had far more whooping cough and measles, respectively, than were caused during 1921 ver; and yet physicians, public health experts, and the lay public, in particu- easles and whooping cough as minor, or in other words, negligible forms disease.

Digitized by Google

These observations are not intended to minimize the necessity for energetic action on our part. On the other hand, it is to be noted that, as soon as the Bureau of Preventable Diseases became aware of the turn of affairs with respect to the prevalence of scarlet fever, it used every possible means at its command to control the situation. The limited personnel of the Bureau assigned to the Borough of Queens has done all in its power to promptly visit all reported cases of scarlet fever, and to investigate every complaint or rumor of suspected or concealed cases of the disease. The names and addresses of all cases of scarlet fever, which came to notice have at once been given to the Bureau of Child Hygiene and particular attention called to the occurrence of scarlet fever in persons who were in contact with school children. The Bureau of Child Hygiene has conducted intensive school inspections for the discovery of children who might be suffering from scarlet fever, or who had returned to school after an illness of unknown character, in order to make sure that such illness was not of a communicable character. All absentee cases, for whose absence a definite reason was not given, were also visited by representatives of the Bureau of Child Hygiene.

In view of the fact that the increased prevalence of scarlet fever has not, as yet, abated, it is necessary to add substantially to the personnel of the Bureau of Preventable Diseases, in order to give it an adequate staff to make house-to-house visitations to ferret out cases, which otherwise might be unrecognized or concealed.

Several weeks ago, when the milk strike was in progress, we obtained information that led us to suspect that one of the employees who was sleeping on the premises of one of the milk plants, in the Borough of Queens, was affected with scarlet fever. The establishment was visited at once and it was found the suspicions were fully justified. The case was, indeed, one of scarlet fever at the height of the infectious period.

Incidents of this kind have occurred in sufficient number to indicate how varied are the sources that may possibly spread infection, and justify the request for a special budget to secure the increased personnel needed to cope with the situation.

A BANQUET GIVEN THE COMMISSIONER BY THE EMPLOYEES OF THE DEPARTMENT OF HEALTH.

On January 19, last, from 60 tables, at most of which ten persons were seated, the employees of the Department extended their appreciation of and their affection for Commissioner Copeland, who sat at the guest's table with Mrs. Copeland, Mayor and Mrs. Hylan, Deputy Police Commissioner Faurot, Dr. F. J. Monaghan, Deputy Commissioner of Health; Mr. Charles L Kohler, Secretary to the Board; Dr. W. H. Guilfoy, Registrar of Records, and Dr. Wm. H. Park, Director of Laboratories, Assistant Sanitary Superintendents Dr. Alonzo Blauvelt, and Dr. J. H. Barry.

Besides those mentioned above, among those present were: Dr. S. Josephine Baker, Director of the Bureau of Child Hygiene; Dr. Louis I. Harris, Director of the Bureau of Preventable Diseases; Dr. S. Dana Hubbard, Director of the Bureau of Public Health Education; Dr. R. J. Wilson, Director of the Bureau of Hospitals; Mr. Ole Salthe, Director of the Bureau of Food and Drugs; Dr. H. T. Peck, Assistant Sanitary Superintendent, Brooklyn; Dr. Jeremiah O'Leary, Assistant Sanitary Superintendent, Bronx, and Dr. Bruno Harwood, Assistant Sanitary Superintendent, Richmond.

TYPHOID FEVER IN NEW YORK CITY.

During the fourth quarter of 1921, 169 verified cases of typhoid fever were reported, as compared with 304 cases in the corresponding quarter of 1920, which gives a difference of 135. In addition to these cases, there were 23 reported as typhoid fever which were finally dropped as "no cases." During the corresponding period, 41 cases were so reported and dropped.

Only 64.5 per cent of this quarter's cases were confirmed by laboratory test, or otherwise, as compared with 81 per cent in the corresponding quarter of 1920. In both quarters the largest number of such confirmations were made by the Widal test alone.

Digitized by Google

During the quarter in question, 30 deaths were reported, as compared with 38 deaths in the corresponding quarter of 1920, giving a difference of 8.

During the past quarter, we succeeded in tracing the probable modes of infection in 32.5 per cent of the cases. During the corresponding quarter of 1920, 35.5 per cent of the cases were so traced.

Of this quarter's cases, 14 were traced to contact infection, of which only 8 cases were the result of contact with active cases. During the corresponding quarter of 1920, 42 cases were traced to contact infection, out of which 36 followed contact with active cases. In this quarter, 41 cases were traced to out-of-town sources, as compared with 64 cases during the corresponding quarter of the previous year.

A total of 79 persons were immunized against typhoid fever by the Department of Health. Of this number, 49 received the complete course of three injections each; 48 of these persons were exposed to typhoid, while 30 out of the 79 persons immunized were not exposed to infection.

During the corresponding period of 1920, 300 persons were immunized against typhoid by the Department of Health. Of this number, 226 received the complete treatment; 193 persons were exposed to typhoid fever, while 33 persons who received the treatment were not exposed.

In this quarter, 72 per cent of the cases were removed to hospitals, while 65 per cent were so removed during the corresponding quarter of 1920.

Cases of para-typhoid fever to the number of 12 were reported during the past quarter as follows:

PARA-TYPHOID FEVER.

	Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City
Cases	2	3	1	6	0	12
Verified by Laboratory	1	0	1	0	0	2
Traced to Probable Source of Infection (Out-of-town)	1	..	..	..	..	1

Typhoid Fever—Quarter Ending December 31st, 1921.

	Manhattan		Bronx		Brooklyn		Queens		Richmond		City	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921
1 Total cases reported as typhoid	141	77	34	21	127	77	31	15	12	2	345	192
a Number erroneously reported	24	14	6	3	10	6	1	0	0	0	41	23
b Corrected total of cases	117	63	28	18	117	71	30	15	12	2	304	169
c Diagnosis confirmed by												
1 Widal	55	32	20	8	82	31	13	6	5	0	175	77
2 Blood Culture	5	2	0	0	1	2	0	0	0	0	6	4
3 Stool	6	0	1	0	3	11	6	1	0	0	16	12
4 Stool and Blood Culture	0	1	0	0	0	1	0	0	0	0	0	2
5 Widal and Stool	15	3	1	0	13	2	3	0	1	0	33	5
6 Widal and Blood Culture	11	3	4	1	1	0	0	0	0	0	16	4
7 Stool, Widal & Blood Cult	1	3	0	0	0	0	0	0	0	0	1	3
8 Operation	0	0	0	0	0	0	0	0	0	0	0	0
9 Autopsy	0	0	0	1	0	1	0	0	0	0	0	2
10 No confirmation	24	19	2	8	17	23	8	8	6	2	57	60
TOTAL CASES	117	63	28	18	117	71	30	15	12	2	304	169
Percent Confirmed	79	70	93	55.5	85.5	58.5	73.6	46.7	50	0	81	64.5
2. Deaths	10	11	3	3	19	14	4	2	2	0	38	30
3 Percentage of cases in which probable mode of infection was traced	42.7	38.1	21.4	22.2	29	33.8	47	26.6	33	0	35.5	32.5
4 Probable mode of infection												
a Contact with active cases	11	2	1	3	20	3	3	0	1	0	36	8
b Contact with suspected carriers	0	1	0	0	0	3	0	1	0	0	0	5
c Contact with proven carriers	3	1	1	0	0	0	2	0	0	0	6	1
Total contact cases	14	4	2	3	20	6	5	1	1	0	42	14
Out of town infection	30	17	3	0	13	18	7	3	3	0	56	38
Doubtful out of town infection	4	3	1	0	1	0	2	0	0	0	8	3
Total Out of town infection	34	20	4	0	14	18	9	3	3	0	64	41
5 Immunization performed by Department (3 inject. each)												
a Persons exposed to cases	124	18	3	6	39	21	18	2	9	0	193	47
b Persons not exposed to cases	31	1	2	0	0	1	0	0	0	0	33	2
Total complete immunization	155	19	5	6	39	22	18	2	9	0	226	49
Incomplete injections (expos.)	20	7	13	8	8	13	12	0	11	0	64	28
Incomplete injections (not ex.)	6	2	0	0	4	0	0	0	0	0	10	2
Total incomplete immunizations	26	9	13	8	12	13	12	0	11	0	74	30
6 Patients treated at												
a Hospital	78	47	17	11	84	57	13	7	7	0	199	122
b Home	39	16	11	7	34	14	17	8	5	2	105	47
Percentage of cases treated in hospitals	66	74.6	61	61	72	80	42	47	71	0	65	72.2

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 21, 1922.

The mortality in the City during the week just closed rose considerably above that of the immediately preceding week. There were 1,581 deaths reported, as compared with 1,481 deaths for the week ending January 14th, 1922, an increase of 100 deaths. This increased mortality from all causes as compared with the preceding week is to be attributed principally to the greater number of deaths reported from the acute respiratory diseases, influenza, organic heart diseases and cancer. In the last week of the year 1921, 6 deaths were reported from influenza; in the succeeding week 16 deaths were attributed to this cause, the number falling in the week of January 14th to 14 deaths, and the week just closed rising to 15 deaths. Both lobar and broncho pneumonia as well as acute bronchitis showed a considerably increased mortality during the first three weeks of the year, as compared with the week ending December 31st, 1921. There were 85 deaths reported from lobar pneumonia in the last week of 1921 and then came the rise to 116; then 149, and during the last week to 154. Broncho pneumonia also showed an increased mortality during the first three weeks of this year, but not to the same extent as lobar pneumonia, the figures being 80 deaths for the week of December 31st, rising to 83, then 101, and then 115 deaths. Acute bronchitis rose from 6 deaths in the week of December 31st, to 15, then to 19, and last week it reached 24 deaths. Taking these four causes together there were 303 deaths during the week of January 21st, 1922, from the acute respiratory diseases and influenza combined, as compared with 177 deaths from these causes in the week of December 31st, 1921.

In addition to this increased mortality, we find that cancer jumped from 113 deaths in the week of December 31st to 125 deaths during last week, an increase of 12; organic heart diseases jumped from 273 deaths in the week of December 31st, to 321 deaths, an increase of 48; pulmonary tuberculosis was also affected, the deaths jumping from 89 in the week of December 31st, to 102, an increase of 13.

One seems justified in drawing the conclusion that the important factor in this increased mortality was due to an increase in the prevalence of influenza, adversely affecting not only the mortality from the respiratory diseases but also that of the chronic diseases like organic heart disease, cancer and pulmonary tuberculosis.

Comparing the mortality of the week just closed with that of the corresponding week of 1921, the same upward trend of mortality is observed. The mortalities from all causes in each of the weeks of this year so far has been considerably above that of the corresponding weeks in 1921, and in each of the weeks the factor above quoted has been responsible for the increased mortality.

The death rate during the first three weeks of the year was 13.54 per 1,000 of the population, as compared with 12.80 in the corresponding period of 1921, an increase of .74 of a point.

The infant mortality from January 1st to date was 80 per 1,000 births reported, as compared with 76 deaths in the corresponding period of 1921, an increase of 4 deaths among children under one year of age per 1,000 born.

A most important matter for consideration is the age grouping at which these increased mortalities occurred. Under one year of age there were 26 more deaths; between one and five years of age 5 more deaths; between five and 65 years of age, 202 more deaths, and at sixty-five years of age and over, 146 more deaths, totaling 379 more deaths during the first three weeks of this year than there were during the corresponding three weeks of 1921. It is evident that the age groups under five years of age were not as adversely affected as the age groups over five years of age, that is to say, that the influenza and the acute respiratory diseases attacked generally people in adult life and in old age with the resulting increased mortalities at these ages.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ALCOHOL.—Wallace, G. B. Some considerations of the pharmacology and therapeutic value of alcohol. (Med. Rec., Jan. 14, 1922. pp. 47-50.)

CHILD WELFARE.—U. S. Children's Bureau. Directory of local child health agencies in the United States. 1921. 114 pp. typewritten. VF

ICE CREAM.—Washburn, R. M. How to standardize the ice cream mix. (Ice Cream Trade Jour., Jan., 1922. pp. 61-63.)

INFANT FEEDING.—Ladd, Maynard. The effect of compressed yeast cake in infant feeding. (Arch. Pediat., Dec., 1921. pp. 775-780.)

NUTRITION.—Gillett, L. H. Factors influencing work among Italians. (Jour. Home Econ., Jan., 1922. pp. 14-19.)

NUTRITION.—Graves, L. G. Nutrition in dietetics of today. (Mod. Hosp., Jan. 1922. pp. 53-57.)

POLIOMYELITIS.—Feiss, H. O. The treatment of early infantile paralysis as based on the physiologic indications. (A. M. A. Jour., Jan. 14, 1922. pp. 85-88.)

TUBERCULOSIS.—Jacobs, P. P. Activities in the field of tuberculosis during 1921 (Mod. Hosp., Jan., 1921. pp. 66-68, map

VENEREAL DISEASES.—Thomson, A. S. Venereal disease control during 1921. (Mod. Hosp., Jan., 1922. pp. 64-65.)

YEAST.—Daniels, A. L. Can yeast be used as a source of the antineuritic vitamin in infant feeding? (Am. J. Dis. Child., Jan. 1922. pp. 41-50, tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Oct. 29	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21
Total deaths	1177	1181	1123	1229	1184	1158	1201	1246	1332	1364	1486	1481	1581
Annual Death Rate	10.68	10 71	10.19	11 15	10.74	10.46	10.89	11.30	12.08	12.37	13 28	13.23	14 13
*Acute Infectious Diseases	20	37	23	27	27	20	29	31	43	41	41	45	65
Pul. Tuberculosis..	84	99	85	98	88	78	94	90	101	89	103	117	102
Influenza	7	8	4	9	2	7	3	5	5	6	16	13	17
Lobar Pneumonia.	58	61	50	64	68	52	64	62	82	85	116	149	154
Broncho Pneum...	44	56	42	63	38	52	56	70	76	80	83	101	125
**Violent Deaths ...	68	62	69	66	76	92	61	67	61	92	80	67	58
Deaths under 1 year.	161	161	143	151	158	140	161	166	179	175	210	196	230
Rates per 1,000 births	62.9	62.8	55.8	58,6	61.8	54.4	62.5	64.5	69.5	68 0	81.8	76 3	89 3
Deaths under 5 years	228	226	192	202	214	189	211	245	259	261	312	298	333
" 5-65 years ..	657	665	629	728	675	666	675	682	751	768	789	793	852
" 65 years and over	292	290	302	299	295	298	315	309	322	335	385	390	406

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	258	269	164	266	190	218	349	256	188	187	196	206	223
Diphtheria	195	208	228	220	239	201	247	241	282	276	246	220	230
Measles	57	68	70	93	168	173	217	240	262	269	362	450	521
Scarlet Fever	185	146	115	196	184	266	225	252	325	283	232	260	308
Chickenpox	44	64	68	97	104	160	118	143	221	128	170	223	175
Influenza	29	20	18	22	20	13	25	34	34	58	56	57	110
Pneumonias	235	227	225	269	263	206	264	307	309	381	464	568	688
Typhoid Fever	22	18	18	14	23	16	6	5	7	8	4	5	3
Whooping Cough ...	43	53	34	80	37	82	116	70	76	90	72	104	57
Syphilis	275	199	255	211	291	311	285	223	304	193	278	319	355
Gonorrhoea	99	161	109	91	129	115	119	107	68	97	105	104	89
Poliomyelitis	18	17	5	5	11	3	2	6	1	1		1	
Cerebro-spinal Meningitis	5	7	1	3	6	5	8	7	4	8	5	5	4
Total	1415	1452	1305	1567	1665	1764	1981	1891	2081	192	223	2522	275

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, January 21, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	629	722	692	1014	324	57	14 41	16 58	15.89
The Bronx	732,016	809,536	162	177	181	297	36	10	10.86	11.41	11 67
Brooklyn	2,018,356	2,117,227	448	523	542	968	269	51	11 25	12 83	13 29
Queens	469,042	516,683	93	107	125	192	57	8	9.75	10 81	12 62
Richmond	116,531	124,400	82	52	41	80	16	1	18.77	21 80	17.19
Total	5,620,048	5,839,738	1364	1581	1581	2551	702	127	12.87	14.13	

*Corrected by redistributing deaths according to borough of residence.

During the first three weeks of this year there were 4,548 deaths, a rate of 13.54 per 1,000 population. During the corresponding weeks of last year there were 4,234 deaths, a rate of 12.80 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	31	89	..	4	11	67	50	14	13	7	3	33	95	160	390	172
The Bronx	5	21	..	2	..	18	11	1	1	4	..	6	19	25	102	50
Brooklyn	17	20	..	5	12	58	39	9	9	3	1	12	75	112	282	129
Queens	2	10	..	4	1	7	11	2	2	..	..	3	15	19	52	36
Richmond	..	12	..	..	..	4	4	1	1	..	.	1	4	7	26	19
Total	55	102	..	15	24	154	115	27	26	14		55	208	323	852	406

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	87	80.6	10	9.3	3	8	148	36.1	11	2.7	24	5.8
The Bronx	23	78 2	1	3.4	..	1	31	19.8	1	.6	3	1.9
Brooklyn	76	79.4	9	9.4	..	8	115	27 1	11	2.6	14	3.3
Queens	18	97 2	2	10.8	..	2	22	21.3	2	1 9	2	1.9
Richmond	4	72 9	1	18.2	..	1	7	30 6	1	4.4	..	..
City of New York.	208	80.9	23	8.9	3	20	323	28.9	26	2 3	43	3.8

During the first three weeks of this year 614 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 580 died, a rate of 76. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 1-14-22	109	90	72	26	43	52	18	24	31	1		2	..	..	..	33	..	565	165	1216
Admitted	20	24	16	16	12	32	12	11	4	..	1	..	..	..	..		..	11	17	176
Discharged ..	16	8	20	12	5	8	8	4	9	..	..	..	..	..	..	..	..	18	3	111
Died	..	6	9	4	.	7	..	2	..	..	1	..	..	..	..	..	..	1	..	30
Rem'g 1-21-'22.	113	90	59	26	50	69	17	29	26	1	..	2	..	..	..	33	..	557	179	1251
Total treated	129	104	88	42	55	84	25	35	35	1	1	2	..	..	..	33	..	576	182	1892

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1581	1,364	809	772	208	66	49	323	67	62	258	475	496
1. Typhoid Fever	..	2	..	..	..	..	..	..	..	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	16	2	12	4	4	7	3	14	2	..	..	..	
6. Scarlet Fever	7	17	4	3	.	..	4	4	3	..	..	..	..
7. Whooping Cough	5	3	1	4	3	1	1	5	..	..	..	..	.
8. Diphtheria	27	24	9	18	4	5	11	20	7	..	..		
9. Influenza	15	12	8	7	3	..	..	3	..	2	4	1	5
Poliomyelitis	..	1	..	..	..	..	..	.	..	..	.	..	
12. Other Epidemic Diseases	13	5	5	8	6	..	..	6	..	..	2	2	3
13. Pulmonary Tuberculosis	102	100	64	38	1	..	..	1	2	21	41	31	6
14. Tbc. Meningitis	7	7	3	4	..	2	2	4	2	..	1	.	..
15. Other forms Tbc.	6	10	3	3	..	..	..	..	..	2	4	..	..
16. Cancer, Malignant Tumor	125	114	69	56	..	1	..	1	..	3	16	61	44
17. Simple Meningitis	4	2	2	2	..	1	..	1	2	..	1	..	
17a. Cerebro-spinal Meningitis	..	2	..	..	..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	21	24	11	10	..	..	..	..	..	..	2	8	11
19. Organic Heart Diseases	311	280	135	176	1	..	..	1	5	7	35	120	123
20. Acute Bronchitis	24	5	11	13	7	5	1	13	..	..	1	4	6
21. Chronic Bronchitis	4	2	3	1	..	..	..	..	..	..	..	2	2
22. Lobar Pneumonia	154	107	78	76	10	14	5	29	7	9	29	55	25
22a. Broncho Pneumonia	115	85	61	54	45	19	10	74	3	..	9	14	15
23. Other Respiratory Diseases	16	14	12	4	..	2	2	4	1	..	2	5	4
24. Diseases of the Stomach (Cancer excepted)	8	8	7	1	..	..	..	..	..	1	4	3	..
25. Diarrhoeal Diseases (under 5 years)	26	25	11	15	23	1	2	26	..	..	..	..	..
26. Appendicitis and Typhilitis	15	19	9	6	..	..	..	..	3	1	7	4	..
27. Hernia, Intestinal Obstruction	13	16	3	10	2	1	..	3	..	..	4	3	3
28. Cirrhosis of Liver	7	11	4	3	..	..	..	..	..	1	1	3	2
29. Bright's Disease and Nephritis	114	61	61	53	1	..	1	2	2	1	11	41	57
30. Diseases of Women (not Cancer)	10	9	..	10	..	..	..	..	..	..	10	..	..
31. Puerperal Septicaemia	4	5	..	4	..	..	..	..	1	1	2	..	..
32. Other Puerperal Diseases	14	16	..	14	..	..	..	..	..	1	12	1	..
33. Congenital Debility, and Malformations	72	93	47	25	72	..	..	72	..	..	..	..	..
34. Old Age	13	4	3	10	..	..	..	..	..	..	..	1	12
35. Violent Deaths	59	90	38	21	1	2	2	5	10	1	17	15	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	55	85	34	21	..	2	2	4	10	..	16	14	11
c. Homicide	4	5	4	..	1	..	..	1	..	1	1	1	..
36. Suicide	14	11	6	8	..	..	..	..	..	1	3	4	1
*37. All other causes	284	226	125	109	25	3	5	33	7	10	33	35	66
38. Ill-defined causes	6	2	4	2	..	2	..	2	..	..	2	2	..

Deaths in Institutions,	671	Mean temperature,	33.9 deg. Fahr
Mean barometer,	29.98	Minimum temperature,	19.0 deg. Fahr
Mean humidity,	66.6	Maximum temperature,	45.0 deg. Fahr
Precipitation,	.32	Snow,	

†If the deaths under one month numbering 92 from all causes, be deducted from the total deaths under one year, the resulting rate will be 45 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 12, Syphilis9, Diabetes 32, Alcoholism 3, Locomotor Ataxia 1, Paresis 5, Arterio-sclerosis 78, all other congenital causes 15.

26a-2023-33-0°C

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. FEBRUARY 4, 1922. No. 5.

PREVENTING PNEUMONIA.

Statement by Commissioner Copeland.

People are continually writing and telephoning to the Department of Health to find out whether there is any form of injection or medicine which they may take to protect them against influenza and pneumonia. There is no medicine manufactured which has proven a protective against these two diseases.

No vaccine has as yet been proved to be of value as a preventive of influenza. It is fortunate, however, that the epidemic which has been reported to exist abroad, and from present indications here, is really not an epidemic of influenza but one of pneumonia. I say it is fortunate that the prevalent disease is pneumonia rather than influenza, because Dr. Park, Director of the Bureau of Laboratories of this Department, has prepared a vaccine which has been found to be of considerable value in protecting against pneumonia. It is gratifying for me to be able to inform the community that we have found a way of giving a very considerable degree of protection against pneumonia by the use of a vaccine.

The vaccine treatment is harmless and requires three injections at intervals of about four to five days. This can be obtained from private physicians. The Health Department is bending all its energies to the preparation of a sufficient supply of such vaccine. While we cannot guarantee that it will in every case protect against pneumonia, we can state that it does so in a very large number of cases and that even if an attack of pneumonia should occur, such vaccination is very likely to cause it to be a mild one.

Arrangements are being made for the distribution of this vaccine to private physicians. For the benefit of those who cannot afford the services of a private physician, such vaccine will be given to the public dispensaries. If need be, special stations for the administration of vaccine to those who cannot afford to pay will be established by the Department of Health.

ROYAL S. COPELAND, M. D.

Note: The vaccine mentioned by the Commissioner contains the three varieties of pneumococci known as Types I, II and III.

Digitized by Google

INFLUENZA AND PNEUMONIA IN NEW YORK CITY.

In the following table is given the cases of and deaths from pneumonia and influenza reported since January 1, 1922, and, for purposes of comparison, similar statistics for the years 1919-21.

From these figures it will be seen that the incidence of the diseases in question is considerably greater, at present, than last year. However, nothing approaching the rate of the years 1919 and 1920 has been attained, nor is to be anticipated.

All precautions that are available should, however, be taken to prevent spread of these maladies. Besides the measures that all physicians are familiar with, in the prevention of pneumonia which may be due to the "fixed" types of pneumococci (types I, II and III) vaccine made of such organisms may be used as a preventative.

According to Dr. W. H. Park, the Director of the Department's Bureau of Laboratories, the immunity which can be developed by injections of such a vaccine will protect for a period of several months against pneumonia due to pneumococci of the types included in the vaccine, the most commonly met in this vicinity.

Such vaccine may be obtained by sending to the Department's Bureau of Laboratories, foot of East 16th Street, Borough of Manhattan.

Influenza and Pneumonia—New York City.

Cases.

	1918		1919		1920		1921		1922	
Week	Influenza	Pneumonias	Influenza	Pneumonias	Influenza	Pneumonias	Influenza	Pneumonias	Influenza	Pneumonias
Jan. 7	(not reportable		2341	307	42	331	134	510	56	464
Jan. 14	at this time)		2525	351	384	713	78	341	57	568
Jan. 21			3310	423	5690	1044	84	335	110	537

Deaths.

Jan. 7	11	293	307	446	11	189	9	226	16	194
Jan. 14	12	346	351	519	12	205	15	201	13	250
Jan. 21	20	345	423	575	18	248	12	192	15	269

Cases and Deaths Since January 21, 1922, By Days.

	Cases		Deaths	
Day	Influenza	Pneumonias	Influenza	Pneumonias
Jan. 23	64	134	0	18
Jan. 24	123	102	1	42
Jan. 25	191	112	1	51
Jan. 26	366	131	3	46
Jan. 27	203	76	5	52
Totals	947	555	10	209

TYPHOID FEVER IN NEW YORK CITY DURING 1921.

For the year 1921, a total of 983 cases were reported in the Greater City. Of this number, 84 cases were erroneously diagnosed and reported, leaving a corrected total of 899 verified cases. During the year 1920, a total of 1,069 cases were reported, out of which number 100 cases were erroneously diagnosed and reported, leaving a corrected total of 969 verified cases. Therefore, in the year 1921 we had 70 fewer cases of typhoid fever than in 1920. All of the Boroughs, with the exception of The Bronx, had fewer cases in 1921 than in 1920.

In the year 1921, 66 per cent. of the cases were confirmed by laboratory test or otherwise, as against 77.2 per cent. in 1920. The Borough of Brooklyn had the

Digitized by Google

largest number of such confirmations, while the Borough of Richmond had the least number. As in our previous experience, the greatest number of diagnoses were confirmed by the Widal test.

A total of 124 deaths were reported during 1921, as against 137 in 1920. All of the Boroughs, again with the exception of The Bronx, had fewer deaths than they had in 1920.

Of last year's cases, 40 per cent. were traced to probable sources of infection, as against 35.6 per cent so traced in 1920. The number of cases traced in the Borough of Brooklyn were slightly fewer than in the prior year, but each of the other Boroughs had more cases traced last year than in 1920.

During 1921, 97 cases were traced to contact infection, out of which number 47 were due to contact with active cases, 13 cases were due to proven carriers, and 37 cases were due to suspected carriers. In 1920, 88 cases were traced to contact infection, of which 77 cases were due to contact with active cases, and 11 cases were due to proven carriers. We did not trace any cases, in 1920, to "suspected carriers," as it was in 1921 that we first employed this term.

A total of 254 cases were traced last year to out of town sources, as against 242 cases in 1920. Last year, 3 cases were traced to flies, and 5 cases to shellfish. During 1920, 25 cases were traced to contaminated milk, but last year we had no cases traced to such a source.

Of the imported cases reported this year, 82 were the result of the typhoid outbreak at Hackettstown, N. J., where the patients, all residents of this city, spent their vacation. The New Jersey authorities traced the cases to a carrier on the farm which supplied the children with milk. As the usual percentage of deaths from typhoid is at least 10 per cent, it was fortunate that only two of the cases died.

Last year, a total of 1,798 persons were immunized against typhoid by the Department of Health. Of this number, 483 who were exposed to the disease received the complete treatment. During the year 1920, 322 persons who were exposed received the complete treatment.

During both years, about 63 per cent. of the cases were hospitalized. This has been our usual experience. The Borough of Brooklyn had the largest number of cases removed to hospital, while the Borough of Queens had the fewest number.

With the exception of the year 1919, when we only had 854 cases and 121 deaths from typhoid fever reported, last year is the lightest one on record. The death rate per 100,000 still continues to be 2, while the case rate per 100,000 is 15.8. Last year's case fatality is 13.8 per cent., while in 1920 it was 14.1 per cent.

In addition to these typhoid fever cases, the following para typhoid fever cases were reported:

PARA TYPHOID FEVER.

	Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Cases Reported	8	5	7	8	0	28
Verified by laboratory test	7	1	3	1	0	12
Traced to probable source of infection:						
O. O. T.	5	0	2	0	0	7
Suspected carrier	0	0	1	0	0	1
Shellfish	0	0	1	0	0	1

Digitized by Google

Typhoid Fever in New York City—1921.

	Manhattan.		Bronx.		Brooklyn.		Queens.		Richmond		City.	
	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921	1920	1921
1 Total cases reported as typhoid	495	440	97	114	366	353	76	59	35	17	1069	983
Number erroneously diagnosed and reported	58	51	17	10	24	21	1	1	0	1	100	84
Corrected total of cases	437	389	80	104	342	332	75	58	35	16	969	899
Diagnosis confirmed by												
1 Widal	228	151	51	50	242	175	36	29	19	3	576	408
2 Blood Cultures	14	18	0	1	1	6	1	0	0	0	16	25
3 Stool	10	16	2	7	13	25	9	1	1	0	35	49
4 Widal and Stool	36	22	5	7	24	22	6	2	4	1	75	54
5 Stool & Blood Culture	3	7	0	0	0	4	0	0	0	0	3	11
6 Widal & Blood Culture	28	27	8	3	3	1	0	1	0	0	39	32
7 Widal, Stool & Blood Culture	1	8	0	1	0	2	0	0	0	0	1	11
8 Operation	2	0	0	0	0	0	0	0	0	0	2	0
9 Autopsy	1	1	0	0	0	2	0	1	0	0	1	4
No confirmation	114	139	14	35	59	95	23	24	11	12	221	305
Total	437	389	80	104	342	332	75	58	35	16	969	899
Percentage of cases confirmed	74	64.3	82.5	66.3	82.7	71	69	60	686	25	77.2	66
2 Deaths	52	52	11	13	51	44	15	12	8	3	137	124
3 Percentage of cases in which probable mode of infection was traced	43.5	48	21.2	33.6	33.3	31.3	37.3	41.4	17	50	35.6	40
4 Probable modes of infection—												
1 Contact with active cases.	32	13	1	7	35	24	7	3	2	0	77	47
2 Contact with proven carriers	5	6	1	0	3	4	2	3	0	0	11	13
3 Contact with suspected carriers	0	13	0	1	0	15	0	6	0	2	0	37
Total contact cases	37	32	2	8	38	43	9	12	2	2	88	97
4 Out of town infection	117	146	14	26	67	51	16	9	4	6	218	238
5 Doubtful out of town infection	11	9	1	1	9	6	3	0	0	0	24	16
6 Milk contamination	25	0	0	0	0	0	0	0	0	0	25	0
7 Flies	0	0	0	0	0	3	0	0	0	0	0	3
8 Shellfish	0	0	0	1	0	1	0	3	0	0	0	5
5 Immunization performed by the Department (complete)—												
1. Persons exposed to cases..	195	367	9	25	54	67	28	21	36	3	322	483
2. Persons not exposed to cases	185	389	45	51	68	31	35	3	95	0	428	474
Total	380	756	54	76	122	98	63	24	131	3	750	957
1. Persons exposed to cases (incomplete)	0	515	0	12	0	75	0	0	0	0	0	602
2. Persons not exposed to cases (incomplete)	0	202	0	6	0	31	0	0	0	0	0	239
Total immunizations	0	1473	0	94	4	204	0	24	0	3	0	1796
6. Patients treated—												
1. At hospital	304	245	44	53	202	232	42	23	16	8	609	561
2. At home	133	144	36	51	139	100	33	35	19	8	360	338

DOMESTIC QUARANTINE AND VENEREAL DISEASE.

"The migration of persons suffering with venereal disease from their home state to another state without first procuring from their local health officer a permit stating that their travel is not dangerous to public health violates the Federal law forbidding the spreading of contagious diseases and will be rigidly suppressed," says the U. S. Public Health Service.

"Last Spring the Attorney General, at the request of the Service, instructed all United States attorneys to co-operate fully with it and to prosecute offenders vigorously. Since then several violators have been sentenced to reformatories, where their disease-spreading activities have been stopped and they themselves are receiving proper medical treatment.

"The law and the regulations based on it are not so widely known as they should be; and the objects sought in their enforcement are not everywhere clearly understood. The law seeks to control the spread of disease but not necessarily to prevent the travel of venereally diseased persons. Such travel, if undertaken under proper precautions in search of medical help will be encouraged by the Service. The law, however, seeks to close every channel through which venereal disease may be spread; and to do this it has been found necessary to put a stop to the movements of those who seek to migrate

Digitized by Google

from one State to another in order more safely to carry on the business of spreading disease.

"When such persons and their associates learn that travel from one state to another while venereally diseased leads to arrest and severe punishment they will have an added incentive for submitting to voluntary treatment; and the day will be hastened when every infected person will at once place himself or herself under the care of a skilled physician of his or her own selection.

"At present it is probable that very many persons either never receive proper treatment or that they cease treatment too early in the belief that they are cured, and thus become dangerous. Laws on this subject differ in the different states; and this fact leads to migration from those whose laws are rigid to those whose laws are less so.

"No attempt either by the U. S. Government or by state governments to police the state borders seems practicable. The laws of practically all states, however, require physicians to report all venereal cases that come to their attention; and a judicial or police investigation of the history of any apparent newcomer who chances to be arrested will early disclose most of the new arrivals in the state. These may then be proceeded against under United States law.

"Proceedings," adds the U. S. Public Health Service, "are based on the Interstate Quarantine Regulations, whose making by the Secretary of the Treasury was authorized by Congress Feb. 15, 1893 (27 Stat. ch. 114, p. 449), amended March 3, 1901 (31 Stat., ch. 836, p. 1086). Objections on the ground that the regulations are insufficient or defective or that Congress may not delegate its legislative authority are without merit. The Secretary's act in making the regulations is administrative and is authorized by the Act of Feb. 15, 1893. The penalty for violation is fixed by Congress, is legal, and has been sustained in United States courts. Details of the above are given in Reprint 693 of the U. S. Public Health Service, just issued.

Permits for travel obtained from the local health officer must state that the travel in the opinion of the officer is not dangerous to the public health. The traveller must state where he intends to reside, and he must agree in writing to report to the proper health officer there within one week after arrival and to continue treatment under a reputable physician until the health officer certifies that he is no longer infectious. The health officer who issues the permit must promptly notify the new health officer, who must take appropriate action.

MORTALITY BULLETIN FOR THE WEEK ENDING JANUARY 28, 1922.

The prevailing increase in influenza which started in the second week of the year, as shown by the increased mortality from the acute respiratory diseases in that week and which further increased the mortality from this group of causes during the third week of the year, continued during the week just closed to show a very slight increase in the mortality from influenza and the acute respiratory diseases combined, there having been 296 deaths reported from acute bronchitis and the pneumonias, as compared with 293 deaths from these causes in the immediately preceding week. In addition to this, to influenza was attributed 25 deaths in the week just closed, as compared with 15 in the immediately preceding week, so we are justified in feeling at the present time that the disease will not show the same virulence as in the epidemic of 1920 or the recrudescence in January, 1919, of the pan-epidemic of the year 1918.

On the other hand, compared with the week ending January 29th, 1921, there has been a very considerable increase of the deaths from influenza and the acute respiratory diseases, the total number of deaths from these causes in the week just closed amounting to 321, as compared with 211 in the corresponding week of 1921, an increase of 110 deaths from these causes.

Digitized by Google

Age Grouping.

In the pan-epidemic of 1918 the age groups most affected were those in the prime of life from 15 to 45 years of age, the school age 5 to 15 years being slightly affected, the mortality averaging about 6 per cent. of the total deaths from influenza and the pneumonias. The extremes of life were not seriously affected in 1918. The age group 45 to 65 was comparatively little affected. During this present epidemic we find that the extremes of life are considerably affected. The deaths under five years of age from these two causes represents 38 per cent. of the total deaths from influenza and the pneumonias; 65 years of age represents 15 per cent.; the school age 5 to 15 years represents 3 per cent; 15 to 25 years represents 5 per cent.; 25 to 45 years represents 17 per cent.; 45 to 65 years represents approximately 22 per cent.

The death rate for the first four weeks of the year was 13.56, as compared with 12.98 in the corresponding period of 1921, an increase of .58 of a point.

From January 1st to date 81 infants under one year of age died of every 1,000 born, as compared with 78 deaths at this age group in the corresponding period of 1921.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Nov. 5	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28
Total deaths	1181	1123	1229	1184	1153	1201	1246	1332	1364	1486	1481	1561	1[illegible]
Annual Death Rate	10 71	10.19	11.15	10.74	10.46	10.89	11.80	12.08	12.37	13.28	13.23	14.13	1[illegible]
*Acute Infectious Diseases	87	23	27	27	20	29	81	43	41	41	45	55	4[illegible]
Pul. Tuberculosis..	99	85	98	83	78	94	90	101	89	103	117	103	9[illegible]
Influenza	8	4	9	2	7	3	5	5	6	16	13	15	1[illegible]
Lobar Pneumonia.	61	50	64	68	52	64	62	82	85	116	149	154	1[illegible]
Broncho Pneum...	56	42	63	38	52	56	70	76	80	83	101	115	1[illegible]
**Violent Deaths ...	62	69	66	76	92	61	67	61	92	80	67	59	6[illegible]
Deaths under 1 year.	161	143	151	158	140	161	166	179	175	210	196	206	2[illegible]
Rates per 1,000 births	62.8	55.8	58.6	61.3	54.4	62.5	64.5	69.5	69.0	81.8	76.3	80.9	8[illegible]
Deaths under 5 years	226	192	202	214	189	211	245	259	261	312	298	329	3[illegible]
" 5-65 years ..	665	629	728	675	666	675	652	751	768	789	798	852	8[illegible]
" 65 years and over	290	302	299	295	298	315	309	322	335	385	390	404	3[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	269	164	266	190	213	349	256	188	187	196	206	238	3[illegible]
Diphtheria	203	228	220	239	201	247	241	282	276	246	220	260	3[illegible]
Measles	68	70	93	168	173	217	240	262	269	362	450	621	6[illegible]
Scarlet Fever	146	115	196	184	266	225	252	325	283	282	350	322	3[illegible]
Chickenpox	64	68	97	104	160	118	143	221	128	170	222	175	1[illegible]
Influenza	20	18	22	20	13	25	34	34	53	56	57	110	1[illegible]
Pneumonias	227	225	269	263	206	264	307	309	381	464	568	593	4[illegible]
Typhoid Fever	18	13	14	23	16	6	5	7	8	4	5	3	[illegible]
Whooping Cough ...	53	84	80	87	82	116	70	76	90	72	104	87	[illegible]
Syphilis	199	255	211	291	311	285	223	304	193	273	319	336	2[illegible]
Gonorrhoea	161	109	91	129	115	119	107	68	97	105	104	69	[illegible]
Poliomyelitis	17	5	5	11	3	2	6	1	1	..	1	.	[illegible]
Cerebro-spinal Meningitis	7	1	3	6	5	8	7	4	8	5	5	4	[illegible]
Total	1452	1305	1567	1665	1764	1981	1891	2081	192	223	2622	2758	2[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, January 28, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	699	717	684	1005	1258	93	16 02	16 47	15.71
The Bronx	782,016	809,586	177	170	172	254	135	10	11.86	10.96	11 09
Brooklyn	2,018,356	2,117,227	461	495	511	749	356	54	11 58	12 20	12 59
Queens	469,042	516,683	106	104	119	183	22	10	11.11	10 50	12 02
Richmond	116,581	124,400	47	37	37	50	8	6	20.22	15 52	15.52
Total	5,620,048	5,839,788	1490	1523	1523	2241	1779	173	18.52	13 61	

*Corrected by redistributing deaths according to borough of residence.

During the first four weeks of this year there were 6,071 deaths, a rate of 13.56 per 1,000 population. During the corresponding weeks of last year there were 5,724 deaths, a rate of 12.98 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	28	43	1	5	2	76	59	16	14	13	5	30	90	142	416	159
The Bronx	2	26	..	6	..	18	6	..	..	..	..	7	14	23	103	44
Brooklyn	13	14	1	12	15	47	52	7	7	3	2	18	91	137	252	106
Queens	2	8	..	2	2	6	7	2	2	2	..	1	18	23	58	28
Richmond	..	6	..	..	..	2	4	2	2	..	..	..	4	6	20	11
Total	45	97	2	25	19	149	128	27	25	18	7	56	217	331	849	348

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	83.	77 3	11	10.2	5	9	128	31.2	11	2 7	19	4.6
The Bronx	18	61 3	2	6.8	..	..	33	21.1	2	1.3	6	3.8
Brooklyn	98	97.7	6	6.3	1	4	139	32 8	8	1.9	11	2 6
Queens	19	102 6	2	10.8	..	2	24	23.2	2	1.9	1	1.0
Richmond	4	73.1	2	36.6	..	2	7	30.6	2	8.7	..	..
City of New York.	217	84.8	23	9.0	6	17	331	29.6	25	2.2	37	3.3

During the first four weeks of this year 831 infants died, a rate of 81. per 1,000 births. During the corresponding weeks of last year 797 died, a rate of 78. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 1-21-'22.	113	90	59	26	50	69	17	29	26	1	..	2	..	..	..	33	..	557	179	1251
Admitted	25	27	17	25	17	21	31	13	8	..	..	3	..	..	..	2	..	18	8	215
Discharged ..	29	24	14	7	10	10	9	9	3	1	..	1	..	..	..	2	..	16	10	145
Died	5	7	9	1	..	4	..	3	..	..	..	1	..	..	..	..	..	..	2	32
Rem'g 1-28-'22	104	86	53	48	57	76	39	30	31	..	..	3	..	..	..	33	..	559	175	1289
Total treated	138	117	76	51	67	90	48	42	34	1	..	5	..	..	..	35	..	575	187	1466

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1523	1,490	782	741	217	62	52	331	58	93	295	433	343
1. Typhoid Fever	2	2	1	1	..	..	1	1	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	17	7	9	8	3	9	4	16	1	..	..	..	
6. Scarlet Fever	5	16	2	3	..	2	1	3	2	..	..	..	
7. Whooping Cough	5	4	3	2	1	2	2	5		..	..	..	
8. Diphtheria	18	29	8	10	2	4	7	13	4	1	..		
9. Influenza	25	10	13	12	2	1	1	4	3	3	7	4	4
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	
12. Other Epidemic Diseases	5	5	3	2	1	..	1	2	..	..	2	..	1
13. Pulmonary Tuberculosis	97	109	62	35	..	..	..	..	2	17	40	34	4
14. Tbc. Meningitis	7	7	3	4	2	..	2	4	1	1	1	.	..
15. Other forms Tbc.	12	14	5	7	..	1	1	2	3	1	6	..	..
16. Cancer, Malignant Tumor	116	128	54	62	..	..	..	..	1	4	14	56	41
17. Simple Meningitis	5	3	4	1	3	..	..	3	..	..	2	..	
17a. Cerebro-spinal Meningitis	2	2	1	1	..	..	..	..	..	2	..	..	..
18. Apoplexy, Softening of the Brain	7	22	4	3	..	..	..	..	..	..	1	1	5
19. Organic Heart Diseases	286	290	128	158	2	..	..	2	10	14	89	119	102
20. Acute Bronchitis	19	8	12	7	9	4	..	13	..	..	..	1	5
21. Chronic Bronchitis	5	1	3	2	1	..	1	2	..	..	..	1	2
22. Lobar Pneumonia	149	107	85	64	14	9	6	29	9	15	42	33	21
22a. Broncho Pneumonia	128	86	77	51	50	19	10	79	..	2	6	17	24
23. Other Respiratory Diseases	5	7	2	3	..	..	..	..	..	2	1	..	2
24. Diseases of the Stomach (Cancer excepted)	10	10	6	4	..	..	..	..	..	..	4	5	1
25. Diarrhoeal Diseases (under 5 years)	25	25	12	13	23	1	1	25	..	..	..	..	..
26. Appendicitis and Typhilitis	20	16	9	11	..	1	..	1	1	5	6	6	1
27. Hernia, Intestinal Obstruction	12	15	5	7	..	..	..	..	..	1	3	6	1
28. Cirrhosis of Liver	3	4	3	..	..	..	..	..	..	..	..	1	1
29. Bright's Disease and Nephritis	106	102	42	64	1	..	1	2	1	3	11	47	42
30. Diseases of Women (not Cancer)	5	4	..	5	..	..	..	..	..	1	3	1	..
31. Puerperal Septicaemia	4	7	..	4	..	..	..	..	..	1	3	..	..
32. Other Puerperal Diseases	9	12	..	9	..	..	..	..	..	3	6	..	..
33. Congenital Debility, and Malformations	79	88	51	28	77	1	1	79	..	..			..
34. Old Age	3	4		3	..	..	..	..	..	..	..	..	3
35. Violent Deaths	63	70	37	26	2	3	6	11	6	6	13	16	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	56	60	31	25	2	3	6	11	6	5	9	14	11
c. Homicide	7	10	6	1	..	..	..	..	..	1	4	2	..
36. Suicide	18	14	13	5	..	..	..	..	..	1	12	3	2
*37. All other causes	285	259	113	122	23	4	6	33	14	8	36	79	65
38. Ill-defined causes	16	3	12	4	1	1	..	2	..	2	6	3	2

Deaths in Institutions,	612	Mean temperature,	19.9 deg. Fahr
Mean barometer,	30.23	Minimum temperature,	7.0 deg. Fahr
Mean humidity,	52.1	Maximum temperature,	41.0 deg Fahr
Precipitation,	.44	Snow,	3.1

†If the deaths under one month, numbering 96 from all causes, be deducted from the total deaths under one year, the resulting rate will be 47 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 9, Diabetes 36, Alcoholism 2, Locomotor Ataxia 3, Paresis 5, Arterio-sclerosis 64, all other congenital causes 8.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. FEBRUARY 11, 1922. No. 6.

AGE AND SEX GROUPING OF INFLUENZA CASES REPORTED IN THE CITY DURING JANUARY.

An analysis of 1,691 cases of influenza reported in the Borough of Manhattan from January 3 to January 31, inclusive, shows the following:

In 385, no information as to age and sex of the person affected with influenza was given. Of the balance, 626 were male and 680 female.

In children under 5, it was noticed that females were more often attacked than males. One hundred and twenty-five children under five years were affected. From 5 to 9 years, inclusive, 101 cases were reported. In the next age group, 10 to 14 years, there were only 77 cases.

A marked prevalence of this disease is noted among persons between the ages of 20 and 40. The disease preponderates slightly along males in this age group.

There were 151 cases in persons from 20 to 24 years of age; 167 in persons from 25 to 29; 171 in the age group 30 to 34, and 130 in persons from 35 to 39 years of age.

In persons over 60 years of age, only 48 cases were reported.

The disease, therefore, presents very much the same features that were noted in the previous outbreaks, so far as age distribution is concerned.

HORSE HAIR SHAVING BRUSHES PROHIBITED IN NEW REGULATIONS AFFECTING HORSE HAIR.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 26th day of January, 1922, the following resolution was adopted:

Resolved, That the resolution adopted by the Board of Health June 16, 1920, approving certain processes for the sterilization of hair to be used in the manufacture of brushes or cloth and relating to the provisions of Section 230 of the Sanitary Code, be and the same is hereby amended to read as follows:

Whereas, this Board has adopted Section 230 of the Sanitary Code relating to the manufacture and sale of hair brushes and hair cloth and the protection of the public against anthrax; and

Digitized by Google

Whereas, the provisions of said section require all hair used in the manufac of brushes and cloth to be sterilized by a process prescribed or approved by this Boa and

Whereas, an investigation conducted by the Department of Health indicates t in so far as can be ascertained at this time only two processes have been found to effective and adequate to properly sterilize such hair and to render the same free fr anthrax bacteria and spores; and

Whereas, the two processes referred to are as follows, to wit:—

1. Boiling the hair in water maintained at a temperature of 212 deg. F. for a per of at least three (3) hours.
2. The placing of the hair in an autoclave in which a ten-inch vacuum is produc Live steam to be then turned on and kept at fifteen (15) pounds pressure for period of three (3) hours; be it therefore

Resolved, That the following processes for the sterilization of hair to be used the manufacture of brushes or cloth and relating to the provisions of Section 230 of t Sanitary Code, be and the same are hereby approved, to wit:—

1. Boiling the hair in water maintained at a temperature of 212 deg. F. for a per of at least three (3) hours.
2. The placing of the hair in an autoclave in which a ten-inch vacuum is produce Live steam to be then turned on and kept at fifteen (15) pounds pressure for period of three (3) hours.

Resolved, That no person shall manufacture, have, keep, offer for sale, sell, distri ute or give away in the City of New York any shaving brush in which horse hair is use in whole or in part.

A true copy.

CHARLES L. KOHLER, *Secretary*

REGULATION OF BARBER SHOPS.

At a meeting of the Board of Health of the Department of Health of the City of New York held in said city on the 26th day of January, 1922, the following resolution was adopted:

Resolved, That Section 335 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Sec. 335. Public barber shops, hair-dressing establishments, manicuring and beauty parlors regulated.—No public barber shop, hair-dressing establishment, manicuring or beauty parlor shall be conducted or maintained in the City of New York without a permit therefor issued by the Board of Health, or otherwise than in accordance with the terms of said permit and with the Regulations of said Board.

The terms "public barber shop," "public hair-dressing establishment," "public manicuring parlor" and "public beauty parlor" as used in this section shall be taken to mean and include all such premises as are commonly known by the terms "barber shop," "hair-dressing establishment," "manicuring parlor" and "beauty parlor," respectively, and shall include all premises or portion thereof wherein the business of shaving, clipping, cutting, trimming, singeing, shampooing, massaging, manicuring, dressing, adorning or beautifying the human hair, face, scalp or hands, is conducted for fee, charge or hire.

At the same meeting the following resolution was adopted:

Resolved, That the Regulations governing the conduct of public barber shops and relating to Section 335 of the Sanitary Code, be and the same are hereby amended and made to read as follows:

Digitized by Google

Regulations governing the conduct of public barber shops, hair-dressing establishments, manicuring and beauty parlors.

Regulation 1. Establishments to be lighted and ventilated.—Every public barber shop, hair-dressing establishment, manicuring parlor and beauty parlor shall be properly and adequately lighted and ventilated.

Regulation 2. Walls, ceilings, etc., to be kept clean.—The walls, ceilings, furniture and other fixtures, and all other exposed surfaces in every such establishment shall be kept clean and free from dust.

Regulation 3. Floors to be kept clean.—Floors of every such establishment shall be thoroughly swept or mopped each day. All hair dropping upon floor shall be removed therefrom as soon as practicable and in such manner as not to cause a nuisance.

Regulation 4. Waterclosets to be provided.—Every such establishment shall be provided with suitable and sufficient waterclosets, properly and adequately flushed, trapped and sewer or cesspool connected, located in suitable and adequate, properly ventilated apartments with self-closing doors. Where both males and females are employed in any such establishment, such watercloset facilities shall be provided for separate use of each sex.

Regulation 5. Washing facilities to be provided.—Every such establishment shall be provided with suitable and adequate washing facilities with hot and cold running water; sinks or wash basins must be of non-absorbent material, properly trapped, flushed and sewer or cesspool connected.

Regulation 6. Cuspidors to be provided.—Suitable and sufficient cuspidors shall be provided in every such establishment and no spitting shall be allowed except into these receptacles. Cuspidors shall be cleaned and disinfected daily.

Regulation 7. Spitting signs to be posted.—A sufficient number of notices forbidding spitting shall be kept posted conspicuously in every such establishment.

Regulation 8. Attendants to wash hands.—Attendants shall wash their hands thoroughly with soap and hot water before attending any person.

Regulation 9. Infectious diseases of attendants.—No person who is affected with any infectious disease in a communicable form shall attend any person in any such establishment.

Regulation 10. Attendants to wear coat or uniform.—Attendants shall wear while attending any patron in any such establishment a clean, washable outer coat or uniform having full length sleeves.

Regulation 11. Infectious diseases of patrons.—No person affected with any infectious disease in a communicable form shall be attended in any such establishment.

Regulation 12. Implements to be cleansed and sterilized.—All brushes, combs, razors, clippers, scissors, tweezers, black-head removers, files, pushers, buffers, and all massage and scalp applicators used in any such establishment shall be thoroughly cleansed and sterilized after each and every separate use thereof. Provided, however, that where complete sterilization is not practicable, the same shall be so cleansed and treated after each and every separate use thereof as to provide the maximum of sterility attainable. The use of any such implements which cannot be so treated is prohibited.

Regulation 13. Strops and hones to be kept clean.—All razor strops and hones used in any such establishment shall be maintained in a cleanly condition at all times and no razor shall be stropped or honed after any use thereof for shaving unless the said razor shall, before such stropping or honing, have been treated as provided for in Regulation 12.

Regulation 14. Individual towels required.—No towel shall be used in any such establishment for more than one person without being laundered. Towels, when laundered, shall be washed in water of a temperature of at least 200 deg. F. Provided, however, that this latter requirement shall not apply to towels which are subjected, on

Digitized by Google

the premises where washed, to a temperature of at least 200 deg. F. in the process of drying or ironing.

Regulation 15. Individual head rest coverings required.—Before any patron is tended in any such establishment is permitted to recline in a chair, the head rest such chair shall be covered with a clean towel or clean sheet of paper not previous used for any other purpose.

Regulation 16. Use of stick astringents prohibited.—No alum, or other astri gent, in stick form shall be used in any such establishment.

Regulation 17. Use of powder puffs, sponges and neck dusters prohibited. N powder puff, sponge or neck duster shall be used in any such establishment.

Regulation 18. Use of soap in common prohibited.—The use of soap in common or for more than one person, is prohibited in any such establishment.

Regulation 19. Use of shaving cups and finger bowls in common prohibited.—The use of shaving cups or mugs and of finger bowls in common, or for more than one person, is prohibited in any such establishment.

Regulation 20. Regulations to be posted.—Sufficient copies of these regulations shall be kept posted in conspicuous places in every such establishment.

True copies.

CHARLES L. KOHLER, *Secretary.*

SCARLET FEVER IN THE UNITED STATES.

"The accompanying table shows the number of reported cases of scarlet fever per 1,000 population by quarters, from January to June, and by months, from July to October, 1921, compared with the same periods during 1920, and the medians for 1913 to 1920, inclusive. (In this quotation, table of cases has been abbreviated to include only the Middle Atlantic States.)

"The median was ascertained by arraying the figures so that the greatest number was first, the next smaller number was second, and so on to the smallest number which was placed last. The middle number of the array was then selected as the median. Data were not available for all the States for the full eight years. As many years as possible were included for each State, but no year earlier than 1913 was used. The first column shows the number of years for which figures were obtained for each State.

Scarlet fever death rates per 100,000 *population in registration area for deaths,* 1913-1920, *inclusive.*

1920	4.6
1919	2.8
1918	3.1
1917	4.2
1916	3.3
1915	3.6
1914	6.6
1913	8.7
Median	3.9

Digitized by Google

Scarlet fever—Annual case rates per 1,000 population, January to October, 1921, and 1920, and medians for the years 1913 to 1920, inclusive—

Middle Atlantic States.

	January, February, March.	April, May, June.	July.	August.	September.	October.	10 months.
New York:							
1921	4.30	2.54	.67	.53	.80	1.44	2.39
1920	1.75	1.50	.63	.44	.56	1.12	1.25
Median (8 years)	1.98	1.81	.67	.39	.55	.88	1.39
New Jersey:							
1921	4.67	3.18	.81	.60	.89	1.70	2.76
1920	1.89	1.48	.50	.40	.65	1.23	1.29
Median (8 years)	2.17	1.94	.62	.42	.61	1.07	1.50
Pennsylvania:							
1921	4.93	2.35	.73	.83	1.28	2.20	2.69
1920	2.80	2.17	.83	.60	1.19	2.71	2.02
Median (8 years)	1.59	1.22	.56	.53	.83	1.43	1.18

—(*Public Health Reports.*)

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 4, 1922.

The effect of the prevailing epidemic of influenza is clearly shown in the vital statistics for the week just closed, the mortality from all causes jumping from 1,523 deaths with a rate of 13.61 during the week previous, to 1,837 deaths and a rate of 16.41, an increase in the number of deaths of 314, and in the rate of 2.80 points per 1,000 of the population.

The pneumonia deaths jumped from 277 deaths in the week of January 28th to 396 deaths in the week of February 4th, an increase of 119 deaths. The deaths from influenza jumped from 25 to 85, an increase of 60 deaths. The effect of the prevailing epidemic of influenza was not confined to the respiratory diseases as shown in the following increases: An increase of 31 deaths from organic heart diseases, 29 deaths from pulmonary tuberculosis and 5 deaths from cancer, these increases being undoubtedly due to the effect of the prevailing epidemic upon the individuals suffering from these chronic organic diseases. Causes other than the principal ones noted in the bulletin, jumped from 302 deaths to 351, an increase of 49 deaths. Scarlet fever showed an increase of 4 deaths; diphtheria an increase of 10 deaths; measles, on the other hand, showed a decrease of 4 deaths, and typhoid fever 2 deaths.

Comparison With Corresponding Week of 1921.

In the week just closed 1,837 deaths were recorded with a death rate of 16.41, as compared with 1,434 deaths and a rate of 13.01 in the corresponding week of 1921, an increase of 403 deaths and 3.40 points in the rate, which is equivalent (taking the increase of population into consideration) to a relative increase of 380 deaths.

Viewed from the point of age grouping, every age group showed an increased mortality as compared with the experience of the corresponding week of 1921. There were 242 deaths reported under one year of age during the week as compared with 213, an increase of 29. Between one and five years of age there were 153 deaths reported, as compared with 107, an increase of 46 deaths; between five and sixty-five years of age, 998 deaths were reported, as compared with 794, an increase of 204 deaths; at sixty-five years of age and over there were 444 deaths as compared with 320, an increase of 124 deaths.

The mortality during the first five weeks of the year was measured by a death rate of 14.12, as compared with a rate of 12.98 in the corresponding period of 1921, an increase of 1.14 of a point per 1,000 of the population.

From January 1st to date 84 infants under one year of age died out of every 1,000 born, as compared with 79 deaths at this age in the corresponding period of 1921, an increase of 5 deaths out of every 1,000 births reported.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BACKWARD CHILDREN.—Chick, H., and E. J. Dalyell. Observations on the influence of foods rich in accessory factors in stimulating development in backward children. (Brit. M. J., Dec. 24, 1921. pp. 1061-1066, tables, illus.)

DIPHTHERIA.—Mulsow, F. W. Schick test and active immunization with diphtheria toxin-antitoxin for young adults. (Med. Officer, December 31, 1921. pp. 287-288.)

ENCEPHALITIS.—Senftner, H. F. Epidemic encephalitis—its clinical aspects and differential diagnosis. (N. Y. State, Health Dept. of, Health News, Feb., 1921. pp. 252-257.)

MILK.—U. S. Federal Trade Commission. Report on milk and milk products, 1914-1918. 1921. 234 pp., tables. 614.32Un3m

NURSING.—Pope, A. E. A textbook of simple nursing procedure for use in high schools, together with instructions for first aid in emergencies. 1921. 360 p. illus. 610.73P81

POISONING.—Funk, E. H., and E. Weiss. Mercuric chloride poisoning with recovery—a case report with a note on the urea-concentration test. (J. Lab. & Clin. Med., Jan., 1922. pp. 233-236.)

POSTURE.—Grossman, Jacob. Faulty attitudes in children. (Med. Rec., Jan. 21, 1922. pp. 93-101.)

PSYCHOLOGY.—Porter, M. F. Applied psychology for nurses. 1921. 172 p. 610.73 P83

PYORRHEA.—Cobb, C. M. Pyorrhea an ancient disease. (Bost. M. & S. J., Jan. 19, 1922. pp. 78-79.)

SYPHILIS.—Thom, B. P. Syphilis and high blood pressure. (Med. Rec., Jan. 21, 1922. pp. 89-93.)

TUBERCULOSIS.—McCann, W. S. The dietary requirements in pulmonary tuberculosis. (Am. Rev. Tuberc., Jan., 1922. pp 870-875.)

TUBERCULOSIS.—Weiss, Edward. Tuberculosis of the heart; with a report of two cases. (Arch. Int. Med., Jan., 1922. p. 64071.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Nov. 12	Nov. 19	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Fe 4
Total deaths	1123	1229	1184	1153	1201	1246	1332	1364	1486	1481	1581	1523	1577
Annual Death Rate	10.19	11.15	10.74	10.46	10.89	11.30	12.08	12.37	13.28	13.23	14.13	13.61	16.41
*Acute Infectious Diseases	23	27	27	20	29	31	43	41	41	45	55	49	58
Pul. Tuberculosis..	85	98	88	78	94	90	101	89	103	117	102	97	126
Influenza	4	9	2	7	3	5	5	6	16	13	15	25	35
Lobar Pneumonia.	50	64	68	52	64	62	82	85	116	149	154	149	215
Broncho Pneum...	42	63	38	52	56	70	76	80	88	101	115	128	178
**Violent Deaths ...	69	66	76	92	61	67	61	92	80	67	59	63	82
Deaths under 1 year.	148	151	158	140	161	166	179	175	210	196	208	217	262
Rates per 1,000 births	55.8	58.6	61.8	54.4	62.5	64.5	69.5	68.0	81.8	76.3	80.9	84.8	94.5
Deaths under 5 years	192	202	214	189	211	245	259	261	312	298	323	331	396
" 5-65 years ..	629	728	675	666	675	692	751	768	789	798	852	849	998
" 65 years and over	302	299	295	298	315	309	322	335	335	390	406	343	444

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	164	266	190	213	349	256	188	137	196	206	238	258	234
Diphtheria	228	220	239	201	247	241	282	276	246	230	260	236	285
Measles	70	93	168	173	217	240	262	269	362	450	621	565	535
Scarlet Fever	115	196	184	266	225	252	325	283	282	350	323	375	530
Chickenpox	68	97	104	160	118	143	221	128	170	223	175	208	154
Influenza	18	22	20	13	25	34	34	53	56	57	110	1230	5781
Pneumonias	225	269	263	206	264	307	309	381	464	568	533	643	1190
Typhoid Fever	13	14	23	16	6	5	7	8	4	5	3	7	5
Whooping Cough ...	34	80	37	82	116	70	76	90	72	104	87	77	88
Syphilis	255	211	291	311	285	223	304	193	273	319	335	284	233
Gonorrhoea	109	91	129	115	119	107	68	97	105	104	69	99	72
Poliomyelitis	5	5	11	3	2	6	1	1	..	1	-	2	..
Cerebro-spinal Meningitis	1	3	6	5	8	7	4	8	5	5	4	4	11
Total	1305	1567	1665	1764	1981	1891	2081	192	223	2622	2758	3988	9368

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, February 4, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	650	785	747	1160	285	64	14 90	18 03	17.15
The Bronx	732,016	909,536	150	229	225	228	85	13	10.05	14.76	14.50
Brooklyn	2,018,356	2,117,227	466	658	693	1022	287	45	12.20	16.21	17.08
Queens	469,042	516,683	93	120	133	167	81	8	9.75	12.12	13.43
Richmond	116,581	124,400	55	45	39	60	11	4	23.61	18.87	16.35
Total	5,620,048	5,889,738	1484	1837	1837	2687	599	184	13.01	16.41	

*Corrected by redistributing deaths according to borough of residence.

During the first five weeks of this year there were 7,908 deaths, a rate of 14.12 per 1,000 population. During the corresponding weeks of last year there were 7,158 deaths, a rate of 12.98 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	35	37	2	22	2	101	88	17	16	6	4	45	136	184	439	162
The Bronx	1	32	..	18	..	29	19	2	2	..	..	5	28	38	184	57
Brooklyn	16	32	..	38	13	76	59	16	15	3	1	24	91	146	336	176
Queens	3	12	..	4	..	9	8	1	1	..	..	2	12	21	65	84
Richmond	1	13	..	3	..	3	4	1	1	..	.	1	5	6	24	15
Total	56	126	2	85	15	218	178	37	35	9	5	77	242	395	998	444

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	90	83.8	7	6.5	3	7	161	39.2	13	3.2	24	5.8
The Bronx	34	116 0	2	6.8	1	1	48	30.7	2	1.3	4	2.6
Brooklyn	98	102.7	14	14.7	1	11	152	35.9	17	4.0	14	3.3
Queens	15	81.2	1	5.4	..	..	28	27.1	2	1.9	6	5.8
Richmond	5	90.8	..	..	..	..	6	26.2	1	4.4	..	..
City of New York.	242	94.5	24	9.4	5	19	395	35 4	35	3.1	48	4.3

During the first five weeks of this year 1,073 infants died, a rate of 84. per 1,000 births. During the corresponding weeks of last year 1,010 died, a rate of 79. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 1-28-'22.	104	86	53	43	57	76	39	30	31	..	..	3	..	..	..	33	..	559	175	1289
Admitted	39	52	33	30	32	21	9	17	6	..	..	..	..	..	..	7	..	16	16	278
Discharged ...	22	20	18	8	7	15	10	9	7	..	..	2	..	..	..	..	..	19	6	143
Died	2	14	7	6		5	1	3	1	..	..	..	..	..	..	..	..	1	1	41
Rem'g 2-4-'22..	119	104	61	59	82	77	37	35	29	..	..	1	..	..	..	40	..	555	184	1383
Total treated	143	138	86	73	89	97	48	47	37	..	..	3	..	..	..	40	..	575	191	1567

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1837	1,434	948	889	242	80	73	396	65	111	311	511	444
1. Typhoid Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	18	6	6	7	2	6	4	12	1	..	..	..	..
6. Scarlet Fever	9	15	5	4	..	..	6	6	1	1	1	..	..
7. Whooping Cough	6	8	3	3	1	3	2	6	..	..	..	..	..
8. Diphtheria	28	34	18	10	2	9	13	24	3	..	..	1	..
9. Influenza	85	10	36	49	6	2	1	9	6	7	21	27	15
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	13	6	6	7	6		..	6	..	..	2	3	2
18. Pulmonary Tuberculosis	126	96	89	37	..	1	2	3	2	32	48	32	9
14. Tbc. Meningitis	6	8	3	3	2	3	1	6	..	..	..		..
15. Other forms Tbc.	4	9	..	4	..	..	..	..	1	1	2		..
16. Cancer, Malignant Tumor	121	94	50	71	1	..	1	2	1	1	22	64	31
17. Simple Meningitis	5	2	4	1	1	1	..	2	2	1	..	..	
17a. Cerebro-spinal Meningitis	2	14	..	2	..	1	..	1	..	1	..	..	..
18. Apoplexy, Softening of the Brain	12	19	4	8	..	.	..	..	..	..	..	5	7
19. Organic Heart Diseases	323	268	147	176	..	..	..	..	6	13	40	120	144
20. Acute Bronchitis	15	18	4	11	7	3	..	10	..	..	1	2	2
21. Chronic Bronchitis	5	3	2	3	1	..	..	1	.	.	..	1	3
22. Lobar Pneumonia	218	117	119	99	10	14	9	33	5	24	50	62	44
22a. Broncho Pneumonia	178	72	106	72	57	25	15	97	6	3	21	22	29
23. Other Respiratory Diseases	17	19	9	8	2	1	1	4	1	2	2	6	2
24. Diseases of the Stomach (Cancer excepted)	7	13	4	3	..	..	..	..	..	..	3	4	..
25. Diarrhoeal Diseases (under 5 years)	35	21	17	18	24	5	6	35	..	..	..	..	..
26. Appendicitis and Typhilitis	20	14	13	7	..	..	..	..		2	6	10	2
27. Hernia, Intestinal Obstruction	9	17	6	3	..	..	1	1	..	..	2	4	2
28. Cirrhosis of Liver	6	4	4	2	..	..	..	..	1	..	..	4	1
29. Bright's Disease and Nephritis	108	90	61	47	..	..	2	2	2	1	12	39	52
30. Diseases of Women (not Cancer)	4	12	..	4	..	..	..	..	..	..	2	2	..
31. Puerperal Septicaemia	1	..	..	1	..	..	..	..	..	1	..	..	
32. Other Puerperal Diseases	13	12		13	..	.	..	..	..	3	10	..	
33. Congenital Debility, and Malformations	94	96	48	46	92	1	..	93	..	..	1		..
34. Old Age	8	2	1	7	..	..	..	..	..	..	..	..	8
35. Violent Deaths	82	91	51	31	1	2	4	7	10	10	24	21	10
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..		
b. Other Accidents	77	87	46	31	1	2	4	7	10	9	21	20	10
c. Homicide	5	4	5	..	..	..	..	..	..	1	3	1	..
36. Suicide	9	13	8	1	..	..	..	..	..	1	3	2	3
*37. All other causes	235	236	114	121	27	2	4	33	15	6	32	75	74
38. Ill-defined causes	20	4	10	10	..	1	1	2	2	1	6	5	4

Deaths in Institutions,	672	Mean temperature,	36.0 deg. Fahr.
Mean barometer,	29.90	Minimum temperature,	23.0 deg. Fahr.
Mean humidity,	59.3	Maximum temperature,	51.0 deg. Fahr.
Precipitation,	1.15	Snow,	3.1

†If the deaths under one month, numbering 110 from all causes, be deducted from the total deaths under one year, the resulting rate will be 52 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 11, Syphilis 8, Diabetes 33, Alcoholism 0, Locomotor Ataxia 3, Paresis 2, Arterio-sclerosis 67, all other congenital causes 19.

25a-2022-32-0°C
Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. FEBRUARY 18, 1922. No. 7.

MEDICAL PRACTICE AND THE HARRISON LAW.

The attention of the Commissioner of Health has been called to an apparent misunderstanding of the Harrison Narcotic Law by some members of the medical profession, in that persons suffering from ailments, many of which are of a chronic and incurable character, have been refused medical attendance and prescription, under the mistaken belief that prescribing of narcotic drugs in such cases was not permitted by the Harrison Law or, if permitted, that they could not exercise this right of prescribing for a period longer than thirty days.

There is no such restricting clause in the Harrison Law, nor in any Court opinion or Treasury decision relative thereto. Because of the mistaken impression in this regard great hardship has been imposed on chronic sufferers from painful diseases, many of whom require constant medical care and frequent administration of narcotics.

The Commissioner of Health, therefore, requests physicians to give this their careful consideration, and to take under their care patients suffering from chronic illnesses requiring the continued use of narcotics, so as not to compel them to secure relief through improper channels.

SURVEY OF ARRANGEMENTS IN INSTITUTIONS FOR THE CARE OF BODIES.

The Division of Institutional Inspection has just completed a survey, undertaken by the direction of the Commissioner, to ascertain what provisions have been made for bodies, in hospitals of various types, pending their removal by an undertaker.

We find that, in the Borough of Manhattan, 42 public and semi-public hospitals have adequate facilities, 15 have inadequate facilities, and 11 have no facilities. In the private hospitals, Manhattan, one has adequate facilities, and 19 have no facilities. In The Bronx, eight public and semi-public hospitals have adequate facilities, one has inadequate facilities, and one has no facilities. The private hospitals in the Bronx number five, and none of them have facilities. In Brooklyn, 17 public and semi-public hospitals have adequate facilities, 14 have inadequate facilities, and two have none. Of the private hospitals, one has adequate facilities, one inadequate facilities, and 17 no facilities.

In most of the institutions having no facilities, patients, after death, are left in a private room until removed by the undertaker. Arrangements considered inadequate

Digitized by Google

are, for the most part, where a room or rooms are provided, but where there are methods for proper refrigeration of the body.

VACANCIES IN THE FEMALE UNIT AT OTISVILLE SANATORIUM

Vacancies now exist in the women's division of the Sanatorium for Tuberculosis of the City of New York, at Otisville, N. Y., and a limited number of patients can be received now, providing they are suitable for sanatorium treatment. Patients running a temperature, or having an abnormally fast pulse, or who suffer from any complication requiring hospital treatment should not be sent to the Sanatorium. Application may be made to the local tuberculosis clinics of the Bureau of Preventable Diseases of the Department of Health or to the Hospital Diagnosis Station at 128 Prince street, Manhattan.

REGULATIONS FOR QUARANTINE OF SCARLET FEVER.

The following is a copy of regulations affecting cases of scarlet fever reported in this city as sent to the head of each family concerned:

Scarlet fever is a very catching disease and is carried by the discharges from the nose, throat, mouth and ears or discharging sores, by the peeling skin or by such things as towels, handkerchiefs, eating utensils, that have been used or touched by patients. It may also be caught by or through the discharge thrown out in coughing, sneezing or spitting or by kissing.

This disease must be considered catching so long as the patient is isolated (kept away from the rest of the family) by the Department of Health.

To avoid getting this disease, you must keep away from patients who have it.

To avoid spreading this disease the sick person must be kept in a well lighted and ventilated room, (Section 54 of the San. Code) to which no other persons are admitted except the doctor, the nurse or the person who takes care of the patient. Visitors must be excluded from the premises.

The quarantine period is at least thirty days after the beginning of the disease. However, the peeling of the skin and discharges from the nose and throat and open sores must have stopped.

Other members in the family as school teachers, librarians or those who work in nurseries, and those who are employed in handling food, are excluded from school or work until seven days after the quarantine is over, or seven days after they have removed to a home at another address where there are no children, provided that they do not visit their home until quarantine is ended.

A placard is placed on the outer door of the apartment, or on the door of the sick room of a private house, boarding house or hotel. It is a violation of the law for anyone except a Health Department representative to remove this placard.

Discharges from the mouth, throat and nose should be received on cloths, gauze or paper handkerchiefs and immediately burned or destroyed. If handkerchiefs are used for this purpose they should be boiled.

Dogs, cats and other pets must be kept out of the sickroom, as they often carry the disease to others.

Bed linens, towels, nightgowns, etc., must be disinfected by soaking in a 2½% carbolic acid or 2% lysol solution for one or more hours. This should be done before such articles are removed from sick room. These articles should then be boiled in soap suds for one-quarter of an hour. The patient should not use handkerchiefs; paper napkins or tissue or toilet paper should be used instead, and placed promptly in a paper bag and then destroyed by burning.

Dishes and utensils used by the patient should be kept in the sick room until patient's recovery, unless scalded with boiling water before removal.

Milk bottles must not be taken into the sick room. All windows must be screened during the fly season.

The nurse or attendant, while in the sick room, should wear a special cap and gown or other outer garment, completely covering the clothing. On leaving, the gown and cap must be left in the sick room, and the hands and head should be washed in soap and water and soaked in a disinfecting solution of a teaspoonful of lysol or carbolic acid in a quart of water.

Cases occurring in rooms in rear of or connected with a store, will either be removed to the hospital, or the store will be closed and kept under police surveillance, until the termination of the case.

No homework such as tailoring, laundering, manufacturing of cigars, foodstuffs, or other merchandise, will be permitted in the rooms or apartment occupied by the family.

The nurse or person attending the patient may leave the premises for air or exercise, but must not visit homes or public places where they come in contact with children.

Upon recovery the patient should be bathed and hair washed in warm soap suds, then dressed in clean clothes which have not been kept in the sick room.

After quarantine has been ended, a school certificate will be issued by the Department of Health to the patient, who may be readmitted to school upon showing such certificate to the school nurse and school authorities. Others in the family, namely, school children, teachers, librarians or those who work in nurseries and those who are employed in handling foods may return to school or to work seven days after quarantine is over, or seven days after they have removed to a home at another address where there are no children, provided that they do not visit their home until quarantine has been ended.

Parents and others who are not engaged in the above occupations, may continue at work except where isolation is not satisfactory.

Disinfection After Illness is Over.

After quarantine has been ended the sick room must be thoroughly cleaned and aired. If necessary, repapering and repainting will be ordered by the Department of Health. All woodwork

Digitized by Google

and the floor in the sick room must be scrubbed with a hot solution of one-half pound of washing soda to three gallons of hot water. The patient's night gowns, sheets, etc., should be first soaked in a 2½% carbolic acid solution for one or more hours and then boiled in soap suds for one-quarter of an hour. Books and toys used by the patient must be destroyed by burning.

A nurse of the Department of Health visits the premises at suitable intervals to see that the above regulations are complied with. If they are disobeyed, the Department of Health will remove the patient to one of its hospitals.

Golden Rule: Obey these regulations for the protection of other children, as you would have other families obey them for the protection of your own.

PREVENTION OF FOOD POISONING.

"In spite of the publicity that has been given to this subject in the last few years, the constant recurrence of cases or groups of cases of botulism shows that many people have entirely failed to understand its real dangers or the means that may be taken to avoid it. Without forgetting the remote possibility of an occasional infection, botulism may be characterized as a food toxemia. The organism must first develop in the food and produce the poison, then the food must be eaten or there is no disease. Proper advice upon the care and inspection of food products is fundamental in preventing botulism. There is great need, therefore, that every food or health official should not only be familiar with the essential precautions himself, but that he should bring them effectively to the attention of the whole public for whose safety he is responsible. The campaign of prevention should be carried to the packer, the dealer and the final purchaser of food products. Each has a share in the responsibility for such poisoning and each should understand clearly certain characteristics of the causal organism. The packer must use the best known method in putting up food, the dealer must give it intelligent care and scrutiny, but the one who prepares it for the table is the final protector of the life of the consumer.

* * * * *

"Transformed into concrete suggestions, responsibility for food poisoning, in so far as canned goods are concerned, rests about equally upon the dealer and upon the household. Every dealer should be made to feel a direct and positive obligation to remove from sale any can of food which shows sign of spoilage, and to condemn as dangerous and return to the packer any lot in which spoilage appears in considerable percentage. Correspondingly, some one, at least, in every household, should definitely understand the dangers of spoiled food, canned or uncanned, make intelligent examination of all food bought and apply discriminating care to all food stored in the home.

"As a basis for propaganda to eliminate the danger of poisoning cases, this discussion leads directly to a series of recommendations which may be given the widest publicity.

"a. Clean, fresh, sound food will not cause botulism.

"b. Food freshly heated to the boiling point will not cause botulism.

"c. Recooking is advised whenever opportunity for microbial activity has been given, but only before spoilage becomes evident by appearance, odor or taste. Food showing signs of decomposition is potentially dangerous, hence physical evidence of spoilage should lead to destruction, not to salvaging.

"d. Intelligent co-operation of packer, dealer, and householder in the examination of food before it reaches the table is essential to the prevention of botulism."

(From an article by Charles Thom, Ph. D., Mycologist, Bureau of Chemtry, Washington, in the "American Journal of Public Health," Jan., 1922.)

INTERESTING CASE FROM RECORDS OF THE DEPARTMENT OF HEALTH.

Anemia Complicating Diphtheria.

Reported by Dr. Brickhouse Wilson of the Kingston Avenue Hospital.

Case No. 1955, male, Italian, age 10 months, admitted to the Kingston Avenue Hospital on October 21st, 1921. Diagnosis: Laryngeal diphtheria.

Family History: Negative:

Digitized by Google

Past History: Fairly healthy baby, none of the infectious diseases. Food, boiled whole milk since four months. For the last month, whole milk, eight ounces (five feedings) potato, bread, no orange juice at any time; constipated.

Present Illness: Began October 19, with nasal discharge, coryza, cough, which grew progressively worse, paroxysmal in character, and croupy, with attending dyspnea.

On admission, child quite croupy, ringing, metallic cough, crying, voice very hoarse, moderate dyspnea, labored respirations, very restless, moderate amount of retraction, substernal and epigastrium. At times, all the above symptoms are accentuated with profuse perspiration.

Physical examination: Child presents a rachitic appearance; underweight, prominent forehead, fontanelles open more than normal, peculiar conformation of chest, pot belly, epiphyseal enlargement of wrists and ankles, with bow legs, laterally. Throat red, congested, no exudate. Glands not enlarged. Heart rapid, regular, good muscular force and tone, no murmur. Lungs: Mucous rales, otherwise negative. Abdomen: pot-bellied, umbilical hernia. Liver not enlarged; spleen palpable, no tenderness or rigidity.

Diagnosis: Laryngeal diphtheria and rachitis, mild form.

Patient ran a more or less typical course of laryngeal involvement, not intubated, with recovery.

November 15, 1921. Baby in acute collapse, extreme cyanosis and marked dyspnea, respirations labored, expiratory grunt, abdomen distended, vomiting, stiffness of neck, (anterior, posterior) absent knee-jerks, pupils dilated, do not react, mucus collecting in back of throat. Throat and ears negative. Heart shows poor muscular tone; pulse weak and irregular. Lungs, occasional crepitant rales on inspiration, left base, with slightly diminished resonance. In twelve hours, child had a well developed bronchopneumonia.

Spinal fluid: 10 c.c. removed under increased pressure, clear. Globulin 1 plus. Fehling's 3 plus, cell count 2 per c.m., Wassermann test negative. Colloidal gold 1000000000. Leucocyte count, 12,600 (polys. 80 per cent; lymphocytes, 18 per cent.: large mononuclears, 2 per cent.).

November 20th, 1921. Pneumonia signs persisting, abdominal distension, heart shows fair muscular quality and force, baby pale and anemic looking.

November 25th, 1921. Baby apparently brighter, resolution by lysis. Abdomen distended, spleen palpable, slightly enlarged. Liver enlarged, two fingers below costal border; face has a definite icteric hue, conjunctiva pale.

December 1st, 1921. Baby has continued to improve, that is from its pneumonia Icteric hue of face has markedly increased, spreading over body; mucous membranes of mouth, tongue and conjunctiva extremely jaundiced; abdomen greatly distended, no apparent rigidity or tenderness. Spleen palpable, enlarged, low in left iliac quadrant, splenic notch palpable. Liver enlarged about three fingers below costal margin. Red blood count, 1,388,000; hemoglobin 30 per cent; leucocytes 9,400 (polys. 45 per cent. lymphocytes, 52 per cent.; large mononuclears, 3 per cent.) nucleated red blood cells and myelocytes present.

December 8th, 1921. Pneumonic signs disappeared. Icterus, with liver and splenic enlargement, the same; baby not as fretful, taking more interest, bowels regular (at no time were stools clay colored).

December 15th, 1921. Baby has continued to improve, slowly, appetite good, bowels regular, heart and lungs negative, abdomen distended, liver and spleen apparently as large as a few days ago, icteric hue lessened. Baby was discharged January 1st, 1922. Face pale, conjunctiva anemic, icterus of body disappearing, liver one finger below costal border, spleen palpable, appetite good.

Summary of case: Infant admitted with laryngeal diphtheria, from which he completely recovered. Twenty-six days from day of onset, he developed acute broncho-

Digitized by Google

pneumonia with symptoms of bulbar paralysis, resulting from toxaemia, with icterus, enlarged liver and spleen, very low red cell count and hemoglobin percentage, presence of normoblasts and myelocytes, mild leucocytosis with a large proportion of lymphocytes. The above, with patient's rachitic tendency, suggests the diagnosis of anaemia infantum pseudoleucaemica, as described by Von Jaksch.

EXPERIMENTAL SYPHILIS IN MAN.

"A mechanic, 27 years old, to prove to his physician that he did not have syphilis, inoculated himself with a pin with which he had scraped an active chancre on one of his mates. As this did not 'take,' he inoculated his arm from another friend's lesion, and this time spirochetes were found in the resulting chancre. He then took a course of injections of neo-arsphenamin, given by a non-medical friend, to a total of 8.5 gm. To ascertain whether he was cured, he inoculated himself a third and a fourth time. Spirochetes were found in the last lesion and he began to treat himself with neo-arsphenamin, in 0.6 gm. doses once a week, to a total of 16 gm. in six months, and then a new series of 5 gm. more. Three other auto-inoculations then were negative, but his eighth inoculation yielded a hard chancre and enlarged glands in the axilae, with numerous spirochetes. The man is now a laboratory attendant, having forsaken his trade to read medical books, and he can inspect his own spirochetes hour by hour.

"This experimental history is interesting from the psychiatric as well as other standpoints, but mainly because it shows that four years of doses of 0.6 gm. did not suffice to banish the spirochetes. They disappeared from the lesions after a single dose of 0.75 gm. The Hecht and the Wassermann tests just before this had been only partially positive, although the papules were swarming with spirochetes."

(*From review in J. A. M. A., Dec.* 31, '21, *of an article in Bul. de la Soc. Med. des Hopitaux.*)

DEMONSTRATIONS OF SCHICK TESTS.

Physicians who are desirous of seeing the application and interpretation of Schick tests in the public schools will be welcomed by the Department of Health's medical staff engaged in the work, any morning between 9 and 12.

For information as to the nearest school where such work is being conducted, physicians are requested to telephone Dr. Abraham Zingher, Bureau of Laboratories—Stuyvesant 1600.

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 11, 1922.

There were 2,067 deaths and a rate of 18.47 reported during the week just closed, as compared with 1,467 and a rate of 13.31 during the corresponding week of 1921, an increase of 600 in the absolute number of deaths and 5.16 in the rate, which is equivalent (taking into consideration the increase of population) to an increase of 578 deaths.

There were 17 deaths reported from measles as compared with 4; 8 deaths from scarlet fever, as compared with 20; 52 deaths from diphtheria, as compared with 42, and 13 deaths from whooping cough, as compared with 7. The contagious deaths showed an increase of 34 over the previous week. There were 396 deaths reported from organic heart diseases, as compared with 291; 117 deaths from pulmonary tuberculosis, as compared with 88.

The influenza deaths jumped from 85 in the week of February 4th to 129 in the past week, an increase of 43 deaths. The pneumonia deaths jumped from 396 in the previous week to 468 deaths for the week just closed. There were 616 deaths reported from the respiratory diseases during the past week, as compared with 223 for the corresponding week of last year.

There were 300 deaths reported of infants under one year of age, as compared with 209, an increase of 91 deaths. At the ages five to sixty-five years, 1,068, as compared with 802; at sixty-five years and over, 522, as compared with 326.

From January 1st to date 89 infants under one year of age died of every 1,000 born, as compared with 80 at this age for the corresponding period of last year.

The death rate for the first six weeks of this year was 14.85 per 1,000 of the population, as compared with 13.04 for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ACCIDENT PREVENTION.—Lipman, W. H. Accident prevention from a medical viewpoint. (Nation's Health, Jan., 1922. pp. 35-36.)

AIR ANALYSIS.—Automatic filter for the measurement of suspended impurity in the air. (Royal Sanitary Institute Jour., Jan., 1922. pp. 265-268, illus.)

BOTULISM.—Thom, Charles. Botulism from the regulatory viewpoint. (Am. J. Pub. Health, Jan., 1922. pp. 49-53.)

CHILD HYGIENE—Clark, Tallaferro. Some child hygiene activities of the United States Public Health Service. (U. S. Public Health Reports, Jan. 13, 1922. pp. 35-44.)

CHILD PLACING.—[California State Board of Charities and Corrections.] Child-placing agency standards. (Nation's Health, Jan., 1922. pp. 32—Adv.—34 Adv.)

DISINFECTION.—Royal Institute of Public Health Laboratories. Report of the efficiency of the Clayton system of disinfection and disinfestation. (Jour. State Med., Jan., 1922. pp. 28-37, illus.)

HEALTH EDUCATION.—Turner, C. E. Motion pictures as used in health education. (Nation's Health, January, 1922. pp. 17-19, illus.)

HEART DISEASES.—Harris, L. I. Cardiac diseases in adolescents and adults. (Nation's Health, Jan., 1922. pp. 10-13, tables.)

HEART DISEASES.—Sobel, Jacob. Control of the cardiac diseases of childhood. (Nation's Health, Jan., 1922. pp. 54-58.)

INFANT FEEDING.—Saurer, L. M. Powdered protein milk as a prophylactic food for young infants. (Arch. Pediat., Jan., 1922. pp. 1-10, tables.)

IODINE.—Rector, F. L. Iodine as a wound disinfectant—recent research. (Nation's Health, Jan., 1922. pp. 38-39.)

MATERNITY WELFARE.—Lobenstine, R. W. Practical means of reducing maternal mortality. (Am. J. Pub. Health, Jan., 1922. pp. 39-44.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Nov. 19	Nov. 26	Dec. 8	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11
Total deaths	1229	1184	1153	1201	1246	1832	1964	1486	1481	1581	1523	1837	2067
Annual Death Rate	11.15	10.74	10.46	10.89	11.30	12.08	12.37	13.28	13.23	14.13	13.61	16 41	18.47
*Acute Infectious Diseases	27	27	20	29	31	43	41	41	45	55	49	58	91
Pul. Tuberculosis..	98	83	78	94	90	101	89	103	117	102	97	126	117
Influenza	9	2	7	3	5	5	6	16	13	15	25	85	128
Lobar Pneumonia.	64	68	52	64	62	82	85	116	149	154	149	218	258
Broncho Pneum...	63	38	52	56	70	76	80	88	101	115	128	178	210
**Violent Deaths ...	66	76	92	61	67	61	92	80	67	59	63	82	77
Deaths under 1 year.	151	158	140	161	166	179	175	210	196	206	217	242	300
Rates per 1,000 births	58.6	61.3	54.4	62.5	64.5	69.5	68 0	81.8	76.3	80.9	84.8	94.5	116 9
Deaths under 5 years	202	214	189	211	245	259	261	312	298	323	331	396	477
" 5-65 years ..	728	675	666	675	692	751	768	789	793	852	849	998	1068
" 65 years and over	299	295	298	315	309	322	335	385	390	406	343	444	522

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of *Reportable Infectious Diseases.

Tuberculosis	266	190	213	349	256	188	187	196	206	238	258	234	297
Diphtheria	220	239	201	247	241	282	276	246	220	260	236	235	296
Measles	93	168	173	217	240	262	269	362	450	621	565	535	962
Scarlet Fever	196	184	266	225	252	325	283	282	350	323	375	530	408
Chickenpox	97	104	160	118	143	221	128	170	223	175	208	154	217
Influenza	22	20	13	25	34	34	58	56	57	110	1230	5781	7070
Pneumonias	269	263	206	264	307	309	381	464	568	538	643	190	1749
Typhoid Fever	14	23	16	6	5	7	8	4	5	8	7	1 5	2
Whooping Cough ...	80	37	82	116	70	76	90	72	104	87	77	88	109
Syphilis	211	291	311	285	223	304	198	278	319	336	284	233	347
Gonorrhoea	91	129	115	119	107	68	97	105	104	69	99	72	98
Poliomyelitis	5	11	3	2	6	1	1		1		2	..	1
Cerebro-spinal Meningitis	3	6	5	8	7	4	8	5	5	4	4	11	8
Total	1567	1665	1764	1981	1891	2081	192	223	2832	2758	3988	9368	11478

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, February 11, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	692	924	892	1020	1333	60	15 86	21.22	20.48
The Bronx	732,016	809,536	165	218	204	335	34	8	11.06	14.05	13.15
Brooklyn	2,018,356	2,117,227	452	747	786	978	228	49	12.10	18.41	19.37
Queens	469,042	516,683	94	130	146	189	51	9	9.86	13.12	14.74
Richmond	116,581	124,400	34	48	39	59	10	2	14.63	20.13	16.86
Total	5,620,048	5,839,738	1467	2067	2067	2581	1656	128	13.31	18 47	

*Corrected by redistributing deaths according to borough of residence.

During the first six weeks of this year there were 9,975 deaths, a rate of 14.85 per 1,000 population. During the corresponding weeks of last year there were 8,625 deaths, a rate of 13.04 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	46	47	1	38	2	113	120	19	19	5	5	38	139	227	493	204
The Bronx	5	29	..	15	.	40	23	1	1	1	..	5	25	39	118	61
Brooklyn	34	18	..	66	17	83	56	16	14	5	3	21	108	175	364	208
Queens	5	12	..	7	1	16	11	..		..	..	4	19	27	72	31
Richmond	..	11	..	2	..	6	..	..	..	..	.	1	9	9	21	18
Total	90	117	1	128	20	258	210	36	34	11	8	69	300	477	1068	522

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	131	121 8	14	13.0	4	11	210	51.2	17	4 1	29	7.1
The Bronx	28	95 2	1	3.4		1	43	27.5	1	.6	5	3.2
Brooklyn	112	117 2	14	14.6	1	12	183	43.2	16	3.7	32	7.5
Queens	19	102 7	..	..	..	..	31	30.0	..	..	8	7.7
Richmond	10	180.7	..	..	..	..	10	43.7	..	..	..	..
City of New York.	300	116.9	29	11.3	5	24	477	42.7	34	3.0	74	6.6

During the first six weeks of this year, 1,373 infants died, a rate of 89. per 1,000 births. During the corresponding weeks of last year 1,219 died, a rate of 80. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 2-4-'22.	119	104	61	59	82	77	37	35	29	..	..	1	..	..	..	40	..	556	184	1384
Admitted	34	54	30	28	26	29	22	12	6	(2	..	3	..	.	..	5	..	19	9	279
Discharged ..	20	31	10	26	11	19	23	17	4	1	..	4	..	..	..	13	..	9	6	194
Died	1	16	6	5		14	..	5	..	1		..	..	..	..	..	..		3	51
Rem'g 2-11-'22.	132	111	75	56	97	73	36	25	31	..	..		..	..	..	32	..	566	184	1418
Total treated	153	158	91	87	108	106	59	47	35	2	..	4	..	..	..	45	..	575	193	1663

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	2067	1467	1044	1023	300	91	86	477	75	109	368	521	52
1. Typhoid Fever	..	..	..	..	..	..	..	..	..	..	..	..	.
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	17	4	8	9	6	5	5	16	1	..	..	..	
6. Scarlet Fever	8	20	4	4	..	1	2	3	1	1	2	1	.
7. Whooping Cough	18	7	5	8	5	5	3	13	..	..	..	..	..
8. Diphtheria	52	42	27	25	8	16	18	42	7	1	1	1	
9. Influenza	128	9	58	70	12	9	7	28	5	10	33	32	2
Poliomyelitis	1	..	..	1	..	1	..	1	..	..	..		
12. Other Epidemic Diseases	4	4	2	2	2		..	2	..	..	..	1	1
13. Pulmonary Tuberculosis	117	88	78	44	..	1	1	2	1	18	59	34	3
14. Tbc. Meningitis	5	9	2	3	2	..		2	1	1	..	1	..
15. Other forms Tbc.	7	12	4	3	2	..	..	2	..	2	1	2	..
16. Cancer, Malignant Tumor	135	121	60	75	..	..	..	..		..	21	69	45
17. Simple Meningitis	2	..	2	..	..	..	..	..	..	..	2	..	
17a. Cerebro-spinal Meningitis	1	2	1	..	1	..	..	1	..	..	..	..	..
18. Apoplexy, Softening of the Brain	23	24	14	9	..	..	..	..	..	1	1	11	10
19. Organic Heart Diseases	375	264	183	192	1	..	2	3	14	10	34	133	191
20. Acute Bronchitis	20	11	9	11	12	2	..	14	..	..	1	..	5
21. Chronic Bronchitis	5	3	3	2	..	..	..	..	..	..	..	1	4
22. Lobar Pneumonia	258	104	144	114	23	18	10	46	12	33	63	59	45
22a. Broncho Pneumonia	210	99	95	115	66	20	15	101	9	8	23	27	42
23. Other Respiratory Diseases	22	11	10	12	6	7	..	13	1	..	2	2	4
24. Diseases of the Stomach (Cancer excepted)	4	10	4	..	..	..	..	..	..	..	2	2	..
25. Diarrhoeal Diseases (under 5 years)	34	22	21	13	29	4	1	34	..	..	..	..	..
26. Appendicitis and Typhilitis	17	12	9	8	..	..	2	2	5	..	5	4	1
27. Hernia, Intestinal Obstruction	7	16	1	6	..	..	..	..	..	..	2	4	1
28. Cirrhosis of Liver	2	10	1	1	..	..	..	..	..	..	..	2	..
29. Bright's Disease and Nephritis	111	89	49	62	1	..	2	3	..	..	23	43	42
30. Diseases of Women (not Cancer)	9	9	..	9	..	..	..	..	..	1	5	2	1
31. Puerperal Septicaemia	3	6	..	3	..	..	..	..	..	1	2	..	..
32. Other Puerperal Diseases	13	11	..	13	..	..	..	.	..	1	11	1	..
33. Congenital Debility, and Malformations	96	92	54	42	95	.	..	95	1	..	..		..
34. Old Age	10	7	4	6	..	..	..	..	..	..	..	..	10
35. Violent Deaths	77	63	54	23	1	3	12	16	11	5	21	16	8
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	69	58	46	23	1	3	12	16	11	5	16	13	9
c. Homicide	8	5	8	..	..	..	..	..	..	..	5	3	
36. Suicide	11	20	9	2	..	..	..	..	..	..	8	3	
*37. All other causes	263	258	127	136	27	3	5	35	6	14	39	70	99
38. Ill-defined causes	7	7	7	..	1	1	1	3	..	2	2	..	..

Deaths in Institutions,	827	Mean temperature,	33.3 deg. Fahr
Mean barometer,	29.82	Minimum temperature,	18.0 deg. Fahr
Mean humidity,	70.4	Maximum temperature,	44.0 deg. Fahr
Precipitation,	.42	Snow,	

†If the deaths under one month, numbering 116 from all causes, be deducted from the total deaths under one year, the resulting rate will be 72 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 4, Diabetes 82, Alcoholism 1, Locomotor Ataxia 2, Paresis 4, Arterio-sclerosis 83, all other congenital causes 19.

25a-2023-33-0°C
Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. FEBRUARY 25, 1922. No. 8.

EPIDEMIC JAUNDICE.

In New York City.

The attention of the Department's Bureau of Preventable Diseases was recently directed to the occurrence of several cases of epidemic jaundice in the City of New York. Several of the cases were under the care of private physicians, and the majority of the patients were children.

As a consequence, inquiry was made of 18 of the principal hospitals in the City to ascertain whether any cases of epidemic jaundice had come under the notice of these institutions. A total of 6 cases were discovered, as the result of this. Two cases were in Bellevue Hospital, 1 patient having been sent in from the Borough of The Bronx, and the other was a resident of New Jersey, and 3 additional cases were reported among children in a Brooklyn institution, and 1 case from an institution in Harlem. The last mentioned case was a resident of New Jersey. This patient died, so far being the only fatal case. A doubtful case was found in another Brooklyn institution. One Brooklyn hospital had six cases, and another one case, which had been diagnosed as catarrhal jaundice.

Within the last three weeks, however, there have been no new cases brought to the notice of the Bureau of Preventable Diseases.

In view of the fairly large number of cases reported from various parts of the state, outside of the City of New York, these facts in relation to the prevalence of epidemic jaundice are of interest. Physicians attached to hospital service, as well as those who have treated cases in private practice, are urged to co-operate with the Department of Health in ascertaining more fully the facts with reference to this disease, by reporting any cases that may have come under their notice during the last two or three months, and submitting such important facts in the clinical history as it may be practicable for them to give. All such communications should be addressed to the Director of the Bureau of Preventable Diseases, Department of Health, 505 Pearl St., Manhattan.

In New York State.

(From an article in "Health News," January, 1922, by Edward S. Godfrey, Jr., M. D., Director, Division of Communicable Diseases, State Department of Health.)

"Several outbreaks of epidemic jaundice have been investigated by sanitary supervisors and epidemiologists of the Department during the past two years, most of them

Digitized by Google

during the past two months. The first to be reported occurred in March and April of 1920 in the little village of Berkshire, Tioga county, some 16 miles north of Owego, on the Lehigh Valley Railroad. The next outbreak to come to our attention occurred during January, 1921, in Chenango county.

"More recently we have had reports of a family outbreak in the town of Brookhaven, L. I., and more extensive outbreaks in Oswego city and Hannibal in Oswego county; Macomb, Fowler and Morristown, St. Lawrence county; Georgetown, Madison county; Bowerstown, Otsego county; Fair Haven, Cayuga county, and Red Creek, Wayne county. We have also learned through the Laboratory of the occurrence of a number of cases in the city of Rochester.

"The Berkshire outbreak was apparently confined to one family with the possible, though improbable exception of one case; this latter case was under medical attendance from January 25 until March 10, when she died, death being attributed to malignant disease of the liver and gall bladder. The other cases consisted of 7 out of 8 children in one family, ages from 3 to 16; the father and mother and a three months' old infant not contracting the disease. The cases were characterized by headache, anorexia, abdominal pains, jaundice, constipation, dark and bile stained stools which later became clay colored, biluria, and prostration seemingly out of proportion to the severity of the illness. Some of the cases showed distressing vomiting, epistaxis, and pains in the muscles of the legs and arms. One child had convulsions with the onset. The fatal case, above referred to, is stated to have had a sudden onset, although the patient had not been entirely well for some weeks. There was intense jaundice with loss of weight, a temperature of from 100 to 101.5 and nose bleed which upon one occasion was so copious that the physician found it necessary to pack the nose. This woman was 64 years of age and was a neighbor of the 7 cases which occurred later.

"The outbreaks which occurred in Chenango county were investigated by an epidemiologist of the Department about three weeks after the last case had occurred. In this county the outbreaks were located in the city and town of Norwich and in the town of Guilford. These cases varied greatly in type and in the intensity of the symptoms. All of them, however, were characterized with sudden onset, sometimes with chills and fever, headache, nausea, vomiting and either obstinate constipation or marked diarrhoea. Jaundice was present in only 50 per cent of the cases. When present it developed on the fourth to seventh day, sometimes accompanied by an enlarged and tender liver and spleen. Fever was not constantly noted but when observed it fell by lysis. The nervous manifestations were marked, consisting of headache, dizziness and anxiety. There was a long period of convalescence with considerable emaciation and loss of strength, the entire course from onset to complete recovery lasting about three weeks. These Chenango county outbreaks covered 121 cases. In about 30 per cent of the cases hiccough lasting from 48 to 72 hours was a prominent symptom. Epistaxis was present in from 20 to 50 per cent of the cases. In at least two instances epistaxis was so severe as to require packing of the nasal cavities, and in four cases purpuric spots along the anterior tibial surfaces of the legs were observed. There was apparently no tendency to relapse nor were there any fatalities. Two cases who were pregnant aborted, one at three months and the other at seven months, both running a temperature of 103 to 105 for three or four days thereafter. Diffuse urticaria was noted in several instances.

"It is perhaps questionable as to whether or not all these cases were suffering from the same affection, but the cases with and without jaundice and with and without hiccough were otherwise similar and some had both hiccough and jaundice. The two types appeared and disappeared at the same time. It is possible, of course, that there were two different infections prevailing synchronously and that some individuals were suffering from two different infections at the same time. It should be noted in this connection that Stokes and his collaborators found icterus absent in approximately 25 per cent of their cases. These were confirmed by blood or urine examinations.

Digitized by Google

"The Suffolk county family outbreak occurred during the month of September and consisted of four cases in members of one household. Three of the cases were quite ill, the fourth was very mild. They were all jaundiced, had fever, cramps and vomiting, but no diarrhoea. Nose bleed was not mentioned.

"The occurrence of jaundice in epidemic form suggests its possible identity with the *spirochetosis ictero-hemorrhagiae* of Japan, but the few specimens from patients thus far examined have been negative for the spirochaeta or leptospira found associated with the Japanese cases. The symptomatology is similar to that of Weil's disease, except that it is of a milder type than that described in Europe and very much milder than the type of disease that occurs in Japan. In Japan the disease is characterized by a very high mortality (from 30 to 50 per cent).

"The *leptospira ictero-hemorrhagiae* has been found quite constantly present in the Japanese cases and the same organism has been found quite common in the rat epidemic centers. An apparently identical organism has been discovered in wild rats both in France and the United States, but thus far it has not been found associated with the human cases of any American outbreak. In one instance, however, spirochaetes were found in sections of the kidney of a man who died in New Orleans from a disease characterized by jaundice and fever. It is not stated, however, that the disease was prevailing in epidemic form at the time this case occurred.

"Note.—Since the above was written numerous reports have been received from physicians, health officers and sanitary supervisors of the Department indicating that jaundice was prevalent in epidemic form in practically every section of the State during the past fall and winter. One physician has reported that he had personally attended about 150 cases in the rural district in which he practices. Two small outbreaks which occurred last spring have been reported and mention has been made of similar epidemics in previous years. It seems that such outbreaks are not uncommon in certain sections of St. Lawrence and Franklin counties. One health officer reports that outbreaks have occurred at intervals of three or four years for twenty years past and that the disease was less prevalent this year than last. For the most part, however, the statements indicate that the disease has been much more prevalent this fall than ever before."

DEATHS FROM INFLUENZA AND PNEUMONIA COMBINED.

During the First Five Weeks of the Years 1919-1922 for Large Cities of the U. S.

(*From Public Health Reports.*)

The accompanying table gives the number of reported deaths from influenza and pneumonia (all forms), combined, during the first five weeks of the years 1919, 1920, 1921, and 1922, in 36 large cities of the United States.

The year 1919 witnessed a continuation of the great outbreak of influenza which began during the fall of 1918. The "recrudescence" in 1920 began during the month of January, as is evident from the table. The variation in the weekly total number of deaths during the first five weeks of 1921 was remarkably small, the "range" being only 43, from 725 to 768 deaths.

The weeks for which figures are given all ended on Saturday, the "first" weeks of the respective years being as follows: 1919, week ended January 4; 1920, ended January 10; 1921, January 8, and 1922, January 7. The figures for 1919 and 1920 were taken from the Weekly Health Index, issued by the Bureau of the Census, Department of Commerce, supplemented by reports to the Public Health Service. For 1921 and 1922 the figures are taken from reports made by the city health officers to the Public Health Service.

Blanks in the table indicate that no reports of death from influenza or pneumonia were received for the week. This does not always indicate that no deaths from these disorders occurred. In the fifth week of 1922 it means in most instances that the report has been delayed.

Digitized by Google

Number of deaths from influenza and pneumonia (all forms) combined.

City	Week Number: First	Second	Third	Fourth	Fifth
Birmingham, Ala.:					
1922	8	10	14	6	13
1921	7	14	6	4	9
1920	13	9	16	14	22
1919	36	44	52	41	29
Los Angeles, Calif.:					
1922	18	19	14	21	26
1921	12	19	9	13	15
1920	16	18	19	22	42
1919	99	151	178	177	104
Oakland, Calif.:					
1922	4	5	5	..	..
1921	4	3	8	7	9
1920	4	8	20	24	55
1919	66	92	111	67	38
San Francisco, Calif.:					
1922	11	12	4	12	..
1921	..	5	8	9	7
1920	14	26	48	59	115
1919	194	290	310	149	59
Denver, Colo.:					
1922	22	11	10	17	18
1921	25	22	23	11	16
1920	21	18	24	49	159
1919	65	47	35	24	29
New Haven, Conn.:					
1922	5	1	5	4	13
1921	4	7	7	7	2
1920	6	8	10	19	20
1919	40	38	27	26	20
Washington, D. C.:					
1922	20	22	27	27	25
1921	22	22	14	9	9
1920	22	27	81	181	164
1919	139	109	107	73	60
Atlanta, Ga.:					
1922	13	7	9	7	20
1921	10	8	9	5	7
1920	19	11	10	15	32
1919	*40	*40	*54	*57	*54
Chicago, Ill.:					
1922	48	43	63	65	72
1921	64	79	89	102	92
1920	107	153	472	1,109	1,005
1919	321	269	328	341	277
Indianapolis, Ind.:					
1922	20	11	9	17	29
1921	15	12	13	13	21
1920	18	16	21	36	92
1919	34	40	25	28	25
Louisville, Ky.:					
1922	6	12	18	7	16
1921	6	4	5	5	2
1920	10	10	9	18	40
1919	22	20	21	30	20
New Orleans, La.:					
1922	13	14	14	13	4
1921	18	18	21	†3	12
1920	27	27	27	32	36
1919	94	141	202	201	125
Baltimore, Md.:					
1922	32	25	24	26	29
1921	33	20	24	18	26
1920	20	35	24	59	122
1919	48	75	83	150	138
Boston, Mass.:					
1922	21	17	36	28	33
1921	27	23	36	33	22
1920	28	28	45	85	158
1919	244	227	158	158	110
	5	8	3	4	7
	4	5	5	5	1

City	Week Number: First	Second	Third	Fourth	Fifth
1920	8	7	8	14	22
1919	39	22	20	16	15
Fall River, Mass.:					
1922	5	4	3	6	5
1921	14	5	11	4	5
1920	7	10	5	3	5
1919	10	18	16	14	17
Lowell, Mass.:					
1922	4	7	5	4	4
1921	7	6	8	3	6
1920	5	4	2	7	12
1919	13	*10	20	26	11
Worcester, Mass.:					
1922	5	10	11	7	16
1921	4	7	13	9	4
1920	10	9	7	14	15
1919	40	36	44	22	23
Minneapolis, Minn.:					
1922	10	6	9	9	..
1921	13	14	10	8	10
1920	12	10	9	63	168
1919	37	45	24	32	31
St. Paul, Minn.:					
1922	7	13	7	3	8
1921	9	5	9	9	..
1920	4	10	26	75	80
1919	89	25	14	12	15
Kansas City, Mo.:					
1922	15	13	14	25	25
1921	17	17	19	13	14
1920	13	29	96	120	220
1919	49	50	68	45	58
Omaha, Nebr.					
1922	11	9	17	12	16
1921	8	7	4	14	..
1920	4	7	13	45	62
1919	25	25	17	17	11
Newark, N. J.:					
1922	13	15	20	20	..
1921	18	14	15	7	12
1920	17	14	30	55	116
1919	72	66	57	53	50
Buffalo, N. Y.:					
1922	6	20	13	19	21
1921	20	18	18	20	13
1920	10	7	19	17	67
1919	49	*19	90	123	90
New York, N. Y.:					
1922	215	263	284	302	481
1921	235	216	204	208	199
1920	218	261	511	1,308	1,998
1919	753	870	998	1,193	1,153
Rochester, N. Y.:					
1922	5	11	12	14	6
1921	4	3	6	8	5
1920	13	7	12	23	50
1919	59	26	17	21	12
Syracuse, N. Y.:					
1922	4	6	4	6	7
1921	4	8	3	5	6
1920	9	8	10	31	89
1919	8	13	4	14	18
Cincinnati, Ohio:					
1922	14	20	15	19	21
1921	14	16	13	11	18
1920	14	12	17	25	38
1919	51	18	18	26	23
Cleveland, Ohio:					
1922	..	..	30	28	25
1921	25	22	23	24	31
1920	21	25	26	41	158
1919	132	94	92	92	108

Digitized by Google

City	Week Number				
	First	Second	Third	Fourth	Fifth
Columbus, Ohio:					
1922	5	9	4	10	..
1921	8	8	12	12	13
1920	15	9	8	22	59
1919	15	14	10	20	19
Toledo, Ohio:					
1922	6	9	8	12	7
1921	..	3	9	10	5
1920	9	8	9	18	54
1919	19	15	19	20	15
Portland, Ore.:					
1922	4	7	4	6	..
1921	6	5	7	6	4
1920	13	8	9	17	21
1919	55	101	123	122	50
Philadelphia, Pa.:					
1922	73	98	87	86	85
1921	72	83	85	101	114
1920	55	75	108	153	289
1919	142	194	229	259	308
Providence, R. I.:					
1922	13	8	12	17	11
1921	14	6	5	8	14
1920	12	13	8	14	39
1919	47	50	62	61	35
Nashville, Tenn.:					
1922	2	7	..	..	..
1921	2	8	4	..	10
1920	6	11	6	12	8
1919	20	17	21	21	17
Richmond, Va.:					
1922	8	9	9	4	8
1921	5	5	13	6	5
1920	2	9	6	21	35
1919	50	26	34	30	23
Total:					
1922	671	761	823	863	1,051
1921	750	737	768	725	738
1920	802	947	1,771	3,820	5,657
1919	3,165	3,346	3,688	3,756	3,180

*Pneumonia (all forms) deaths only.
†Influenza deaths only.

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 18, 1922.

During the week just closed there were 1,981 deaths and a rate of 17.70, as compared with 1,498 deaths and a rate of 13.59 during the corresponding week of 1921, an increase of 483 in the absolute number of deaths and 4.11 in the rate, which is equivalent (taking into consideration the increase of population) to an increase of 460 deaths.

There were 17 deaths from measles as compared with 3; 7 deaths from scarlet fever, as compared with 16; 37 deaths from diphtheria, as compared with 33, and 9 deaths from whooping cough, as compared with 8. The contagious disease deaths show a decrease of 20 from the previous week.

There were 374 deaths reported from organic heart diseases as compared with 309; 113 deaths from Bright's disease and nephritis, as compared with 87. Pulmonary tuberculosis deaths show a decrease of 7 from the corresponding week of last year, there having been 110 deaths reported during the week. There were 130 deaths from influenza, as compared with 128 for the previous week, and 446 deaths from pneumonia, as compared with 458 for the week of February 11th, a decrease of 12.

There were 247 deaths reported of infants under one year of age, as compared with 224, an increase of 23. At the ages five to sixty-five years, 1,037, as compared with 826. The mortality at sixty-five years and over numbered 507, as compared with 332.

From January 1st to date, 90 infants under one year of age died of every 1,000 born, as compared with 81 at this age for the corresponding period of last year.

The death rate for the first seven weeks of this year was 15.25 per 1,000 of the population, as compared with 13.11 for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CALORIES.—Benedict, F. G. Calories for children. (N. Y. Med. Jour., Feb. 1, 1922. pp. 126-131, charts).

CHILD WELFARE.—American Academy of Political and Social Science. Child Welfare, 1921. 222 p. (The Annals, Nov., 1921.) 361.3 Ams

DIPHTHERIA.—Linton, F. C. Diphtheria—a consideration of the methods of spread and of prevention: carriers and their treatment. (Royal Sanitary Institute Jour., Jan., 1922. pp. 237-241.)

DRINKING CUPS.—United States Envelope Company. Drinking cup laws in the United States; rules and regulations showing that forty-one states have abolished the use of the common drinking cup in all public places. (1921.) 33p. VF

FATIGUE.—Oppenheimer, E. H., and R. A. Apaeth. The relation between fatigue and the susceptibility of rats towards a toxin and an infection. (Am. J. Hyg., Jan., 1922. pp. 51-66, tables).

GELATIN.—Bogue, R. H. Dietary value of gelatin. (Am. Food Jour., Feb., 1922. pp. 39-41.)

INFANT FEEDING.—Apfel, Harry. The feeding method of the Pirquet School. (N. Y. Med. Jour., Feb. 1, 1922. pp. 123-125, tables).

JAUNDICE.—Godfrey, E. S. Epidemic jaundice. (N. Y. State, Health Dept. of, Health News, Jan., 1922. pp. 4-9).

MEASLES.—Srimson, P. M. Certain aspects of measles. (Arch. Pediat., Jan., 1922. pp. 11-22, charts.)

MENTAL HYGIENE.—Geldton, C. F. Mental hygiene in health centers. (Mother and Child, Feb., 1922. pp. 73-79.)

PHYSICAL EXAMINATION.—Lee, R. I. Investigative opportunities in the physical examination of large groups of individuals. (Jour. Ind. Hyg., Feb., 1922. pp. 304-308.)

POSTURE.—Rowe, F. A. The psychology of posture. (Nation's Health, Jan., 1922. p. 18 Adv.—22 Adv., illus.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Nov. 26	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18
Total deaths	1184	1153	1201	1246	1332	1364	1486	1481	1581	1523	1837	2067	1961
Annual Death Rate	10.74	10.46	10.89	11.30	12.08	12.37	13.28	13.23	14.13	13.61	16 41	18.47	17.70
*Acute Infectious Diseases	27	20	29	31	43	41	41	45	55	49	58	91	76
Pul. Tuberculosis..	83	78	94	90	101	89	103	117	102	97	126	117	119
Influenza	2	7	3	5	5	6	16	13	15	25	85	128	130
Lobar Pneumonia.	68	52	64	62	82	85	116	149	154	149	218	258	228
Broncho Pneum...	38	52	56	70	76	80	83	101	115	128	178	210	208
**Violent Deaths ...	76	92	61	67	61	92	80	67	59	63	82	77	65
Deaths under 1 year.	158	140	161	166	179	175	210	196	208	217	242	300	247
Rates per 1,000 births	61.3	54.4	62.5	64.5	69.5	68.0	81.8	76.3	80.9	84.8	94.5	116.9	96.5
Deaths under 5 years	214	189	211	245	259	261	312	298	328	331	395	477	445
" 5-65 years ..	675	666	675	692	751	768	789	793	852	849	996	1068	1029
" 65 years and over	295	298	315	309	322	335	385	390	406	343	444	522	507

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	190	213	349	256	188	137	196	206	238	258	234	297	195
Diphtheria	239	201	247	241	282	276	246	280	260	236	285	295	198
Measles	168	173	217	240	262	269	362	450	621	565	835	982	1134
Scarlet Fever	184	266	225	252	325	283	282	350	323	375	530	408	337
Chickenpox	104	160	118	143	221	128	170	228	175	208	154	217	127
Influenza	20	13	25	34	34	53	56	57	110	1230	5731	7070	3254
Pneumonias	263	206	264	307	309	381	464	568	583	643	190	1749	1411
Typhoid Fever	23	16	6	5	7	8	4	5	3	7	1 5	2	2
Whooping Cough ...	37	82	116	70	76	90	72	104	87	77	88	109	67
Syphilis	291	311	285	223	304	193	273	319	335	284	223	247	282
Gonorrhoea	129	115	119	107	68	97	105	104	69	99	72	98	88
Poliomyelitis	11	3	2	6	1	1	.	1	..	2	..	1	..
Cerebro-spinal Meningitis	6	5	8	7	4	8	5	5	4	4	11	8	12
Total	1665	1764	1981	1891	2081	192	223	2622	2758	3988	9863	11473	7084

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, February 18, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	664	863	829	1102	601	58	15 22	19 82	19.04
The Bronx	782,016	809,536	171	229	222	269	184	12	11.46	14.76	14.31
Brooklyn	2,018,356	2,117,227	515	703	731	998	342	41	12.93	17.32	18.01
Queens	469,042	516,683	95	139	159	225	22	7	9.96	14 04	16.06
Richmond	116,531	124,400	53	47	40	48	21	2	22.80	19.78	16.79
Total	5,620,048	5,839,738	1498	1981	1981	2642	1170	120	13.59	17.70	

*Corrected by redistributing deaths according to borough of residence.

During the first seven weeks of this year there were 11,956 deaths, a rate of 15.25 per 1,000 population. During the corresponding weeks of ast year there were 10,123 deaths, a rate of 13.11 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	34	45	3	45	3	96	101	15	12	12	3	22	119	204	460	199
The Bronx	3	29	1	23	..	29	23	4	4	1	..	7	18	38	133	58
Brooklyn	29	18	1	49	15	85	70	7	7	2	2	25	83	162	339	202
Queens	4	8	..	10	1	23	12	1	1	1	..	4	21	32	76	31
Richmond	..	10	..	3	..	5	2	1	1	..	.	2	6	9	21	17
Total	70	110	5	130	19	238	208	28	25	16	5	60	247	445	1029	507

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	109	101 7	9	8.4	3	8	186	45 3	10	2 4	27	6.6
The Bronx	21	71 9	3	10.3	..	3	42	26.9	4	2.6	4	2.6
Brooklyn	87	91 2	7	7.3	..	6	169	39 9	8	1.9	25	5.9
Queens	24	129.4	2	10.8	..	1	39	37.7	2	1.9	5	4.8
Richmond	6	108.4	..	..	..	..	9	39.3	1	4 4	..	..
City of New York.	247	96.5	21	8.2	3	18	445	39.8	25	2.2	61	5 5

During the first seven weeks of this year 1,620 infants died, a rate of 90. per 1,000 births. During the corresponding weeks of last year 1,443 died, a rate of 81. pr 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 2-11-'22.	132	111	75	56	97	73	36	25	31	..	..	..	..	..	..	32	..	566	184	1418
Admitted	36	23	37	26	18	22	14	13	7	..	..	..	1	•	..	7	..	15	5	224
Discharged ..	20	27	29	26	8	12	11	6	4	..	..	..	..	..	..	2	..	19	5	169
Died	8	11	7	4	1	10	..	4	..	..	..	..	..	..	..	..	..	..	..	45
Rem'g 2-18-'22.	140	96	76	52	106	73	39	28	34	..	..	..	1	..	..	37	..	562	184	1428
Total treated	168	134	112	82	115	95	50	38	38	..	..	..	1	..	..	39	..	581	189	1642

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1981	1498	1019	962	247	116	83	445	60	109	327	533	507
1. Typhoid Fever	1	2	..	1	..	..	..	..	..	1	..	..	..
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
5. Measles	17	3	8	9	2	10	4	16	1	..	..	..	..
6. Scarlet Fever	7	16	6	1	1	1	2	4	3	..	..	..	..
7. Whooping Cough	9	8	5	4	3	5	1	9	..	..	..	..	..
8. Diphtheria	37	33	18	19	4	8	20	32	4	1	..	..	..
9. Influenza	130	10	49	81	3	8	4	20	7	11	32	29	31
Poliomyelitis	1	1	1	..	..	..	1	1	..	..	..	..	..
12. Other Epidemic Diseases	10	6	5	5	4	..	..	4	..	..	2	2	2
18. Pulmonary Tuberculosis	110	117	67	43	..	..	1	1	1	25	53	27	3
14. Tbc. Meningitis	4	9	3	1	3	..	..	3	1	..	..	..	..
15. Other forms Tbc.	11	6	8	3	1	2	2	5	..	1	2	2	1
16. Cancer, Malignant Tumor	120	96	63	57	..	..	2	2	1	2	14	59	42
17. Simple Meningitis	12	3	10	2	..	2	..	2	4	1	4	1	..
17a. Cerebro-spinal Meningitis	5	7	3	2	1	1	1	3	..	1	1	..	..
18. Apoplexy, Softening of the Brain	19	27	9	10	..	..	..	..	..	..	1	7	11
19. Organic Heart Diseases	360	292	169	191	1	..	1	2	3	16	33	129	177
20. Acute Bronchitis	19	18	7	12	9	2	..	11	..	1	..	1	6
21. Chronic Bronchitis	9	5	5	4	1	1	1	3	..	1	..	3	2
22. Lobar Pneumonia	238	115	128	110	19	19	11	49	11	22	61	52	43
22a. Broncho Pneumonia	208	87	103	105	60	37	20	117	5	3	21	31	31
23. Other Respiratory Diseases	29	17	16	13	6	4	1	11	2	1	4	3	8
24. Diseases of the Stomach (Cancer excepted)	4	11	3	1	..	..	..	..	..	..	1	2	1
25. Diarrhoeal Diseases (under 5 years)	25	20	15	10	21	1	3	25	..	..	..	..	..
26. Appendicitis and Typhilitis	12	16	7	5	..	..	1	1	1	2	2	5	1
27. Hernia, Intestinal Obstruction	11	18	5	6	..	..	..	..	1	..	2	4	4
28. Cirrhosis of Liver	8	11	5	3	..	..	..	..	..	..	1	7	..
29. Bright's Disease and Nephritis	113	87	58	55	2	..	1	3	2	1	18	47	42
30. Diseases of Women (not Cancer)	2	3	..	2	..	..	..	..	..	..	2	..	..
31. Puerperal Septicaemia	4	4	..	4	..	..	..	..	..	1	3	..	..
32. Other Puerperal Diseases	16	17	..	16	..	..	..	..	..	1	15	..	..
33. Congenital Debility, and Malformations	33	34	14	19	31	1	1	33	..	..	..	..	..
34. Old Age	3	3	5	3	..	..	..	..	..	..	..	..	3
35. Violent Deaths	65	72	50	15	..	3	2	5	3	5	17	17	12
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..		
b. Other Accidents	60	66	45	15	..	3	2	5	3	4	14	16	12
c. Homicide	5	6	5	..	..	..	..	..	..	1	3	1	..
36. Suicide	16	13	11	5	..	..	..	..	..	1	5	9	1
*37. All other causes	256	239	131	125	20	3	3	31	4	11	33	96	81
38. Ill-defined causes	2	6	2	..	..	2	..	2	..	..	..	..	..

Deaths in Institutions,	749	Mean temperature,	23.0 deg. Fahr.
Mean barometer,	30.05	Minimum temperature,	—2.0 deg. Fahr.
Mean humidity,	60.7	Maximum temperature,	40.0 deg. Fahr.
Precipitation,	1.56	Snow,	6"

†If the deaths under one month, numbering 94 from all causes, be deducted from the total deaths under one year, the resulting rate will be 60 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 10, Diabetes 44, Alcoholism 4, Locomotor Ataxia Paresis 7, Arterio-sclerosis 82, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MARCH 4, 1922. No. 9

PHYSICIANS AGAIN URGED TO REPORT ALL FOOD POISONING CASES.

During the past year there were a number of food poisoning cases reported from the County Medical Examiner's Office which had not previously been brought to the attention of the Department. These cases should have been reported by the attending physicians to the Department of Health's Bureau of Food and Drugs. Such apparent lack of co-operation of physicians with the Bureau of Food and Drugs causes a delay, which, in many cases, precludes the possibility of securing a sample of the food claimed to have caused the illness.

All physicians who have patients suffering from the ingestion of impure foods are again urged to report all available information at once. It is through such reports only that proper attention can be given to the investigation of the cases, and proper control exercised over the public food supply, so as to preclude the possibility of others eating food of questionable character.

X-RAY LABORATORIES REGULATED.

At a meeting of the Board of Health of the Department of Health, held January 26, 1922, the following resolution was adopted:

Resolved, That Article 7 of the Sanitary Code be amended by adding thereto a new section to be numbered 107, to read as follows:

Section 107. No person shall maintain, operate or conduct an X-Ray laboratory or advertise or hold out to the public that an X-ray laboratory is maintained, operated or conducted, wherein radiographs are taken, diagnoses made or human beings examined or treated by X-rays, without a permit therefor issued by the Board of Health, or otherwise than in accordance with the terms of said permit and with the Regulations of the said Board.

At the same meeting the following resolution was adopted:

Resolved, That the following regulations governing the conduct and maintenance of X-ray laboratories in the City of New York and relating to Section 107 of the Sanitary Code, be and the same are hereby adopted:

Regulation 1. Information to be furnished by applicant.—Every application for a permit to conduct an X-ray laboratory shall be made in writing on an official

Digitized by Google

blank to be furnished by the Health Department and must contain the following information:

Location of building,
Location in building,
Character of building,
Name of owner of building Address
Name of applicant Address

If a corporation:

(1) When and where incorporated;
(2) In what County certificate has been filed and date filed;
(3) Officers of the corporation;
(4) Place of business of the corporation;
(5) Full and accurate incorporate name.

If a partnership:

(1) Names of persons composing partnership in full, with their places of residence.

If a trade name:

(1) The full names of the person or persons doing business under such trade name;
(2) Complete and full trade name;
(3) Place of filing of certificate as required by the statute, and date filed.

Regulation 2. A duly qualified person to be in charge.—Every X-ray laboratory shall at all times be in charge and under the direction of a duly licensed physician or other person whose knowledge, experience and qualifications to operate and use an X-ray machine are satisfactory to the Health Department.

Regulation 3. Precautions against danger.—Every X-ray laboratory shall be so constructed as to confine within the operating room the rays emanating from the machine and it shall be equipped with suitable and necessary appliances and devices at all times when the X-ray machine is in operation for the proper protection of patients, operators and all other persons or property adjacent, contiguous to or coming in contact with the electrical or other current or force or spark generated or incident to the operation and use of the X-ray machine.

Regulation 4. Permits may be revoked in the discretion of the Board of Health.

Regulation 5. No permit shall be transferable as to the person or place.—A permit is issued to a particular person, firm or corporation and for a given location and is not valid for use by any other person or in any other place than stated in the application for a permit.

True copies.

CHARLES L. KOHLER,
Secretary.

USE OF COMMON CIGAR-CUTTERS PROHIBITED.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 20th of February, 1922, the following resolution was adopted:

Resolved, That Article 17 of the Sanitary Code be amended by adding thereto a new section to be numbered 343, to read as follows:

Section 343. Use of common cigar cutters prohibited.—No cigar cutter of any type designed for use in common shall be maintained in any public place or store in the City of New York.

The term "for use in common" as used herein shall be deemed to mean and include for the use of, or intended to be used by, more than one person.

A true copy.

CHARLES L. KOHLER,
Secretary.

Digitized by Google

MORTALITY FROM ORGANIC DISEASES OF THE HEART, U. S., 1920.

The Bureau of the Census, Department of Commerce, states that 124,000 deaths were due to organic diseases of the heart in the death registration area of the United States in 1920, and that if the rest of the United States had as many deaths from this cause in proportion to the population, the total number of deaths from organic diseases of the heart in the entire United States for 1920 was 151,000, whereas for 1919 the number is estimated at 138,000, or 13,000 less than for 1920.

The trend of the death rate from organic diseases of the heart is upward, the lowest recorded rate for the registration area having been 111.2 per 100,000 population for the year 1900, and the highest rate 153.8 per 100,000 population for the year 1917. For 1920 the rate was 141.9 as against 131 per 100,000 population for 1919.

"Adjusted" rates based on the standard million population have been calculated in order to permit better interstate comparisons for the year 1920. The highest adjusted rate from organic diseases of the heart for 1920 is 180.8 per 100,000 for the State of New York, and the lowest is 87.3 for Kentucky.

For States in which at least 10 per cent of the population was colored, adjusted rates have been calculated separately for the white and colored populations. In this group of States the highest adjusted rate for the white population is 179.8 per 100,000 for New York, and the highest rate for the colored population is 248.3 per 100,000 for the same State; the lowest adjusted rate for the white population is 75 for Mississippi and the lowest for the colored population is 112 for Florida.

—(*Public Health Reports.*)

LEPROSY IN NEW YORK CITY.

On the first of January, 1922, there were 35 reported cases of leprosy in the Greater City—an increase of 7 during 1921. Of these cases, 12 were in municipal hospitals, the others being at home pursuing their regular vocations, as the policy of the Department of Health is to regard as non-contagious all cases presenting no open sores nor mucous discharges. All cases are under the periodic examination of a special medical inspector of the Department.

The cases listed are of the mixed type, nodular and anaesthetic. As to treatment, all under municipal control and many of the at home cases are receiving chaulmoogra oil. Certain derivatives of this oil are most highly recommended, but they cannot be obtained in this city.

LEPROSY IN THE UNITED STATES.

(Bulletin of the U. S. Public Health Service)

Leprosy, though comparatively rare in continental United States, is still a public health problem of much greater seriousness than seems to be popularly supposed. Its virulence waxes and wanes in accordance with laws that we do not understand; and our present comparative immunity does not lessen the necessity for being on guard.

In the past we have not escaped. In 1786 leprous beggars were so common in New Orleans that they had to be segregated in a leprosarium. In 1864 three per cent of the population of the Hawaiian Islands were lepers. In 1890 California had to establish a leprosarium, and Louisiana and finally Massachusetts followed suit.

In 1902 the Public Health Service found 278 lepers in the United States, 145 of whom had been born in this country, and only 73 of whom were under any restraint. Today, according to the best estimate obtainable, there are from 500 to 1,500 lepers in this country, a number of whom are known to have acquired the disease in the Philippines. When we acquired the Philippines several thousand

Digitized by Google

lepers had to be and still are segregated in a settlement at Culion. Foci of the disease exist in the United States on the Pacific coast, in the Northwest, in the Gulf States, and along the Atlantic seaboard.

It was not until 1889 that the U. S. Government took its first steps to prevent lepers from coming to this country; and the preventive laws are now sufficiently explicit. Nevertheless, the long period during which the disease incubates before declaring itself makes it very difficult to shut out all potential lepers. To meet this difficulty the law provides that for three years after admission, any alien leper may be deported if the cause of the disease existed before he came to the United States. Within the United States lepers may not travel in interstate commerce except under permits prescribing special precautions to prevent the spread of the disease.

Protection against the disease is rendered more difficult by the fact that leprosy is found in a very large portion of the habitable globe, ranging from Russia and Iceland to India and America, North and South, and that the ever-increasing ease of communication offers many facilities for its importation to the United States. Nine lepers were turned back at quarantine during the fiscal year 1920-21.

In February, 1917, Congress provided for a national home for lepers to be administered by the Public Health Service; but so strongly did the various states object to the founding of such an asylum within their borders that it was not until four years later that the Service was able to carry out the provisions of the act by acquiring the State leper home in Louisiana. Part of this home has been remodeled; and work on the remaining necessary alterations and additions is proceeding.

The gloomy outlook for lepers has recently been tinged with hope by the discovery of a mode of treatment involving the use of chaulmoogra oil, which for 200 years has been reputed to be of beneficial effect for leprosy. The oil itself is absorbed slowly and is apt to cause painful abscesses; but the hypodermic injection of its ethyl esters, devised by Dean, have supplied a way by which it may be used without undue suffering. Since 1912 a total of 183 patients have been parolled from the Kalihi Investigating Station of the Public Health Service in Hawaii (140 of them since July 9, 1919) as being apparently cured. Of those who have received the chaulmoogra oil derivatives only 12 (8 per cent) have returned for further treatment.

While it is too early to say that a specific cure for the disease has been found it is certain that the ethyl esters constitute a most valuable agent in the treatment of leprosy, especially for young persons and those in the early stages of the disease; in older persons and advanced cases the indications are less promising. On the whole the results have been so favorable as to make the outlook distinctly hopeful. But only time can tell.

SOCIAL SERVICE—A PROFESSION.

Social service now has a professional organization in the American Association of Social Workers, 130 East 22nd street. Since the National Conference of Social Work in Milwaukee last spring the members of this association, formerly the National Social Workers Exchange, have been developing a program similar in purpose to that of the American Medical Association, the American Bar Association and the Engineering societies.

Between fifteen and thirty thousand people in the United States are engaged in some kind of professional social service. They represent a wide variety of fields, for social service in the modern sense has been developing with remarkable rapidity. In a draft of membership requirements recently prepared by the new association's executive committee, nearly forty are enumerated in which men and women "trained in social science and technique are eligible for admission."

Digitized by Google

To qualify for senior membership according to the proposals of the Executive Committee, one would have to be at least 25 years of age, a college graduate "or have demonstrated by his practical achievements an equivalent educational background" and have had four years experience in social organizations of recognized standing. If he or she has had one or two years in a training school for social work, that would be equivalent to an equal amount of practical experience. Graduate work in social science is also made equal to one year of practical experience.

Provision is made for two other classes of members where the standards are less strict than for senior members. The junior membership is intended for the young man or woman with a year or more of experience, who is just beginning social work. The associate membership is intended for lay people who desire to co-operate in raising standards in social work.

To become a member according to these recommendations, each social worker would have to fill out an application blank giving his education, special training and professional experience. He would also give references to three members in good standing of the association. These applications would then be passed on by a membership committee elected by the Central Council, and perhaps also, by a local committee where a local council of the association was organized. If the application was favorably passed, the social worker would become a full fledged member, receive "The Compass" and be entitled to all services.

MORTALITY BULLETIN FOR THE WEEK ENDING FEBRUARY 25, 1922.

During the week just closed there were 1,988 deaths and a rate of 17.76, as compared with 1,470 deaths and a rate of 13.34 during the corresponding week of 1921, an increase of 518 in the absolute number of deaths and 4.42 in the rate, which is equivalent (taking into consideration the increase of population) to an increase of 495 deaths.

There were 17 deaths from measles, as compared with 3; 10 deaths from scarlet fever as compared with 12; 28 deaths from diphtheria, as compared with 38, and 7 from whooping cough, as compared with 11. There were 146 deaths reported from cancer, as compared with 107; 378 deaths from organic heart diseases, as compared with 302, and 109 from Bright's disease and nephritis, as compared with 88.

There were 105 deaths reported from influenza, as compared with 130 the previous week, and 443 deaths from pneumonia, as compared with 446 for the week of February 18th.

There were 287 deaths of infants under one year of age, as compared with 202, an increase of 85. At the ages five to sixty-five years there were 1,048 deaths, as compared with 814. The mortality at sixty-five years and over numbered 485, as compared with 341.

From January 1st to date, 93 infants under one year of age died out of every 1,000 born, as compared with 81 at this age for the corresponding period of last year.

The death rate for the first eight weeks of this year was 15.57, as compared with 13.15 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CHILD HYGIENE.—Bolt, R. A. Progress of child hygiene work in the United States. (Mother and Child, Feb., 1922. pp. 65-78.)

DENTISTRY.—Barwise, Sidney. Public Health dentistry. (Public Health [London], January, 1922. pp. 89-95.)

DIETETICS.—Texan University. What to feed the family, by Jet Corine Winters. 1921. 64 p., tables, illus. (Bull. No. 2123.) p613.2T4

HEALTH.—N. Y. State Library. Books on health as related to the school child. 2nd ed., rev. 1921. 37 p. (Bibliography Bull. No. 69. N. Y. State University Bull. No. 729.) VF

INFANT FEEDING.—Talbot, F. B. The basal metabolism of infants fed on dry milk powder. (U. S. Public Health Service, Public Health Reports, Jan. 20, 1922. pp. 116-123, charts, tables.)

MALNUTRITION.—Donnelly, W. H. Prevention and treatment of malnutrition in childhood. (N. Y. State Jour. Med. Feb., 1922. pp. 59-62.)

MILK.—Townsend, J. G. Milk as a factor in the nation's health. (Nation's Health, January, 1922. pp. 60-64, illus.)

POISONING.—Sayers, E. R. Treatment of carbon monoxide poisoning. (U. S. Public Health Reports, Feb. 10, 1922. pp. 271-274.)

POLIOMYELITIS.—Clark, L. P. A further clinical report upon poliomyelitis with cortical involvement. (N. Y. Med. Jour., Feb. 1, 1922. pp. 131-133.)

RECREATION.—Roche, M. M. Recreation for the pre-school child. (Mother and Child, Feb., 1922. pp. 51-56, illus.)

TUBERCULOSIS.—Pirquet, Clemens. Nutritional treatment of tuberculosis. (N. Y. Med. Jour., Feb. 1, 1922. pp. 121-12[illegible] tables.)

VENTILATION.—Hill, Leonard. Ventilation and efficiency in factories. (Lancet, Jan. 7, 1922. pp. 56-59, tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Dec. 3	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25
Total deaths	1153	1201	1246	1332	1364	1486	1481	1581	1523	1837	2067	1981	1[illegible]
Annual Death Rate	10.46	10.89	11.30	12.08	12.37	13.28	13.23	14.13	13.61	16 41	18.47	17.70	17.[illegible]
*Acute Infectious Diseases	20	29	31	43	41	41	45	55	49	58	91	76	[illegible]
Pul. Tuberculosis..	78	94	90	101	89	108	117	102	97	126	117	110	11[illegible]
Influenza	7	3	5	5	6	16	13	15	25	35	128	130	10[illegible]
Lobar Pneumonia.	52	64	62	82	85	116	149	154	149	218	258	238	2[illegible]
Broncho Pneum...	52	56	70	76	80	88	101	115	128	178	210	208	2[illegible]
**Violent Deaths ...	92	61	67	61	92	80	67	59	63	82	77	65	[illegible]
Deaths under 1 year.	140	161	166	179	175	210	196	208	217	242	300	267	2[illegible]
Rates per 1,000 births	54.4	62.5	64.5	69.5	68.0	81.8	76.3	80.9	84.8	94.5	116.9	96.5	112.1
Deaths under 5 years	189	211	245	259	261	312	298	323	331	395	477	445	4[illegible]
" 5-65 years ..	666	675	692	751	768	789	793	852	849	998	1068	1029	10[illegible]
" 65 years and over	298	315	309	322	335	385	390	406	343	444	522	507	4[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	213	349	256	188	137	196	206	238	258	234	297	195	[illegible]
Diphtheria	201	247	241	282	276	246	230	260	236	285	295	192	1[illegible]
Measles	173	217	240	262	269	362	450	621	565	835	982	1124	1[illegible]
Scarlet Fever	266	225	252	325	283	282	350	323	375	530	408	337	3[illegible]
Chickenpox	160	118	143	221	128	170	223	175	208	154	217	127	1[illegible]
Influenza	13	25	34	34	53	56	57	110	1230	5731	7070	3284	12[illegible]
Pneumonias	206	264	307	309	381	464	568	533	643	1190	1749	1411	9[illegible]
Typhoid Fever	16	6	5	7	8	4	5	3	7	5	2	2	[illegible]
Whooping Cough ...	82	116	70	76	90	72	104	87	77	88	109	67	[illegible]
Syphilis	11	285	223	304	193	273	319	335	284	233	247	232	1[illegible]
Gonorrhoea	15	119	107	68	97	105	104	69	99	72	93	83	[illegible]
Poliomyelitis	3	2	6	1	1		1	..	2	..	1	..	[illegible]
Cerebro-spinal Meningitis	5	8	7	4	8	5	5	4	4	11	8	12	[illegible]
Total	764	1981	1891	2081	192	223	2622	2758	3988	9369	11473	[illegible]	[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, February 25, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	688	868	836	1130	299	51	14 62	19.94	19.14
The Bronx	732,016	809,586	177	228	217	310	68	10	11.86	14.69	13.99
Brooklyn	2,018,356	2,117,227	503	700	727	1013	262	89	12.63	17.25	17.91
Queens	469,042	516,683	114	132	156	158	24	7	11.95	13.33	15.75
Richmond	116,531	124,400	38	60	55	51	8	1	16.35	25.16	23.07
Total	5,620,048	5,839,738	1470	1988	1988	2662	661	108	13.84	17.76	

*Corrected by redistributing deaths according to borough of residence.

During the first eight weeks of this year there were 13,944 deaths, a rate of 15.57 per 1,000 population. During the corresponding weeks of last year there were 11,593 deaths, a rate of 13.15 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	23	32	4	40	1	102	127	20	19	8	3	47	144	221	440	207
The Bronx	3	30	3	16	..	22	22	1	1	2	..	3	28	42	129	57
Brooklyn	32	33	1	36	16	84	47	7	5	7	1	18	94	162	365	173
Queens	4	9	..	12	..	21	8	2	1	2	1	3	16	23	81	28
Richmond	..	11	..	1	..	6	4	1	1	..	.	1	5	7	33	20
Total	62	115	8	105	17	235	208	31	27	19	5	72	287	455	1048	485

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	133	124.2	16	14.9	10	7	205	49.9	18	4.4	18	4.4
The Bronx	32	109 2	1	3.4	..	1	46	29.4	1	.6	1	.6
Brooklyn	95	99.5	4	4.2	2	2	164	38.7	5	1.2	27	6 4
Queens	20	108.0	2	10.8	..	1	31	30.0	2	1.9	8	2 9
Richmond	7	126.8	..	..	..	..	9	89.8	1	4 4	..	..
City of New York.	287	112.2	23	9.0	12	11	455	40.7	27	2 4	49	4 4

During the first eight weeks of this year 1,907 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 1,645 died, a rate of 81. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 2-18-'22.	140	96	76	52	106	78	89	28	34	..	..	1	..	..	..	37	..	562	184	1428
Admitted	29	31	64	18	26	20	17	10	3	2	..	1	53	•	..	15	..	9	5	303
Discharged ..	64	15	43	11	18	17	11	6	7	..	..	..	8	.	..	5	..	19	3	222
Died	3	7	7	1	2	8	..	3	..	..	..	1	..	..	..	..	..	1	3	35
Rem'g 2-25-'22.	108	105	90	58	117	68	45	29	30	2	..	1	45	..	..	47	..	551	183	1474
Total treated	169	127	140	70	132	93	56	38	37	2	..	2	53	..	..	52	..	571	189	1731

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1988	1470	1026	962	287	106	62	455	74	99	338	587	429
1. Typhoid Fever	1	..	..	1	..	..	..	..	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	17	3	11	6	7	5	4	16	1	..	..	..	..
6. Scarlet Fever	10	12	4	6	..	1	5	6	1	2	1	..	..
7. Whooping Cough	7	11	2	5	2	3	1	6	1	..	..	..	..
8. Diphtheria	28	38	19	9	1	15	5	21	5	..	2	..	..
9. Influenza	105	10	46	59	7	6	6	19	8	7	28	28	23
Poliomyelitis	2	..	1	1	..	1	..	1	1	..	..	..	..
12. Other Epidemic Diseases	10	6	6	4	6		..	6	1	..	1	1	1
13. Pulmonary Tuberculosis	115	110	73	42	1	1	..	2	4	28	57	22	2
14. Tbc. Meningitis	12	9	5	7	3	3	..	6	1	2	3	..	..
15. Other forms Tbc.	7	3	5	2	..	..	1	1	1	2	3	..	..
16. Cancer, Malignant Tumor	146	107	72	74	1	..	1	2	..	..	20	72	52
17. Simple Meningitis	5	4	2	3	1	..	..	1	2	1	..	1	
17a. Cerebro-spinal Meningitis	8	4	4	4	..	1	1	2	2	3	1	..	..
18. Apoplexy, Softening of the Brain	15	20	9	6	..	..	..	..	..	1	..	7	7
19. Organic Heart Diseases	365	280	160	205	6	..	..	6	6	6	37	140	170
20. Acute Bronchitis	17	14	7	10	7	4	1	12	..	1	1	1	2
21. Chronic Bronchitis	7	1	4	3	..	..	..	..	..	..	..	3	4
22. Lobar Pneumonia	235	157	118	117	22	19	10	51	11	16	60	67	30
22a. Broncho Pneumonia	208	102	104	104	54	35	18	107	8	2	21	29	41
23. Other Respiratory Diseases	25	13	12	13	9	1	5	15	..	1	4	3	2
24. Diseases of the Stomach (Cancer excepted)	7	9	7	..	..	..	..	..	..	..	3	4	..
25. Diarrhoeal Diseases (under 5 years)	27	25	15	12	23	4	..	27	..	..	..	..	..
26. Appendicitis and Typhilitis	14	16	11	3	..	..	..	..	1	1	7	4	1
27. Hernia, Intestinal Obstruction	14	12	8	6	4	1	..	5	..	..	1	4	4
28. Cirrhosis of Liver	5	14	4	1	..	..	..	..	..	..	..	5	..
29. Bright's Disease and Nephritis	109	88	51	58	..	..	1	1	1	3	14	44	46
30. Diseases of Women (not Cancer)	2	9	..	2	..	..	..	..	..	..	1	1	..
31. Puerperal Septicaemia	1	13	..	1	..	..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	18	7	..	18	..	..	..	..	..	4	14	..	..
33. Congenital Debility, and Malformations	101	71	59	42	101	..	..	101	..	..	..	..	..
34. Old Age	6	4	2	4	..	..	..	..	..	..	..	..	6
35. Violent Deaths	77	65	53	24	..	1	1	2	6	8	18	28	15
a. Sunstroke	.	..	..	..	..	..	..	..	..	..	..	..	.
b. Other Accidents	72	61	50	22	..	1	1	2	6	7	14	28	15
c. Homicide	5	4	3	2	..	..	..	..	..	1	4	..	..
36. Suicide	19	7	16	3	..	..	..	..	..	..	6	10	3
*37. All other causes	238	220	134	104	32	4	2	38	12	11	30	68	79
38. Ill-defined causes	5	6	2	3	..	1	..	1	1	..	3	..	..

Deaths in Institutions,	787	Mean temperature,	39.7 deg. Fahr.
Mean barometer,	30.09	Minimum temperature,	22.0 deg. Fahr.
Mean humidity,	65.1	Maximum temperature,	64.0 deg. Fahr.
Precipitation,	.01	Snow,	0

†If the deaths under one month, numbering 121 from all causes, be deducted from the total deaths under one year, the resulting rate will be 65 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 8, Syphilis 8, Diabetes 22, Alcoholism 5, Locomotor Ataxia 3, Paresis 6, Arterio-sclerosis 82, all other congenital causes 21.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MARCH 11, 1922. No. 10.

SMALLPOX DIAGNOSED SYPHILIS.

The attention of physicians, especially those attached to public dispensaries, is called to the fact that of three cases of smallpox discovered in this city last week, and which were of common origin, one was treated for several days as syphilis, receiving "mixed treatment" by mouth. Such mistake is especially apt to occur in those cases of mild clinical symptoms, nowadays so common, and when the opportunity, as in dispensary service, for extended examination of an individual patient is limited.

In the past, there are records of many similar errors in diognosis, as physicians are well aware, but as the opportunity for spread of smallpox by such a case as mentioned above is great, the Department especially requests all physicians to be on their guard, particularly if called to treat a supposed case of papular syphilis from out of town, in a colored person.

In this connection it is again timely to urge the greatest effort to increase the percentage of the vaccinated in the Greater City, and to call attention to the fact that in Bridgeport, Conn. (population 144,000), where vaccination was neglected for years, such a number of cases of smallpox have occurred during recent months that, if the same had been reported in New York, they would have caused no little excitement and apprehension.

Fortunately, anti-vaccinationists are dying off, or becoming converted, and, nowadays, we rarely hear such a statement as made by an opponent (Rowley) of Jenner: "Smallpox is a visitation from God, but cowpox is produced by presumptuous man. The former was what heaven ordained, the latter is a daring violation of our holy religion!"

DEPARTMENT OF HEALTH'S EYE CLINICS FOR SCHOOL CHILDREN.

The eye clinics of the Bureau of Child Hygiene have the following objectives: (a) The detection and treatment of all contagious eye diseases of school children. (b) The detection and correction of refractive errors of school children not already under treatment. (c) Examination of all candidates for and the supervision of the Sight Conservation and Blind Classes of the public schools.

The staff consists of the Director and the Assistant Director of the Bureau, in full charge of the clinics in all boroughs; the Supervising Oculist, the field representative of the Director, supervising and directing the technical work and supervising all details

Digitized by Google

of requisitions, reports, co-operation, etc., excepting the discipline of the oculist and nurses, as to attendance, etc.; each Borough Chief, in control of the discipline of the doctors and nurses, as to attendance, etc.; Supervising Medical Inspectors and Supervising School Nurses, supervising attendance of staff, and maintaining close co-operation with medical school inspection.

The number of eye clinics is the same as last year, nine in the Greater City, five in Manhattan, two in Brooklyn, one in the Bronx, and one in Queens. With one exception, all are located in public schools, which are peculiarly adapted as a location for eye clinics for school children.

While the number of clinics has not been increased, the volume of work has increased more than six per cent over the preceding year (1920).

Sight conservation in the public schools of New York City has developed under the combined efforts of the Department of Education, through Sight Conservation Classes and special teachers, co-operating with the Department of Health through our special Sight Conservation Eye Clinic, until now we are producing splendid results, shown in the physical improvement of the eyes and also the remarkable improvement in the mentality as shown by such handicapped children making splendid records, in some cases leading their grades, and, in many others, changing from an apparent mental defective or a very backward child to a child of normal mentality, doing the regular work of its grade for the age.

There are twenty-eight Sight Conservation, and ten Blind Classes, at present, with many more children assigned to sight conservation work who have not been provided with a class near enough to their homes to make it possible for them to attend.

The sight conservation work in the public schools is designed: To provide conditions under which the "partially sighted" children may study without injury to the eyes; to provide supervision and treatment by an oculist of the Bureau of Child Hygiene.

The equipment for these classes consists of special large print, proper light, raised maps, adjustable desks, and individual assistance by the teacher, who prepares all the work in large, easily read copy, which permits the partly sighted child to keep pace with its normal grade without further loss of vision.

Constant supervision and treatment is provided by the supervising oculist of the Bureau of Child Hygiene of the Department of Health, who examines the eyes of all candidates and assigns the child to a Blind, Sight Conservation, or a Normal Class.

He makes a full diagnosis and prognosis, and outlines the kind and quantity of work that may be permitted for each individual child. Also he tries to improve the conditions found by indicated treatment, whatever be the condition, disease, or refractive error.

Each child suffering from any eye disease or refractive error is instructed to go to its private oculist for treatment, if financially able, but, with the great majority of children in these classes, this is not the case, in which event, if the parents consent, the child is treated in the Child Hygiene Special Clinic for these classes.

The oculists' care of these classes has been under the direction of the Bureau of Child Hygiene of the Department of Health for about six years, with most gratifying results in a large number of cases. The hearty co-operation of Miss Moscrip, the Inspector of the Blind and Sight Conservation Classes, and her splendid corps of teachers, has been of great assistance. The Blind Classes continue to teach the Braille method and other usual educational work for the blind.

Some highly practical results have been obtained since the Bureau of Child Hygiene took over this work—results that would not otherwise have been obtained, for example, through the combined efforts of principals, teachers, medical inspectors and nurses, after special instructions by the supervising oculist, a large number of children with a vision in the better eye of 20/70 or worse, were found, taken to our clinics, and hundreds returned to school with practically normal vision after treatment or refraction.

Digitized by Google

These children had nearly all been through the usual routine of medical school inspection but, due to defects somewhere in the system—either in the original vision test, follow up work, or a lack of co-operation by principals and teachers, due, in most cases, to a lack of thorough understanding of the importance of this work, there has been failure to get them under proper treatment.

Of those admitted to the Sight Conservation Classes with a vision that could not be improved at once by refraction sufficiently to do normal work, many have been improved by combined treatment and proper use of eyes to such a degree that they have been reassigned to a normal class.

All children with a vision in the better eye of 20/50 or worse are candidates for Sight Conservation Classes. If the oculist cannot improve this vision, the child may be assigned to the Sight Conservation Class. If the vision is improved to better than 20/50 by glasses or treatment, the oculist decides if Sight Conservation Work would be beneficial in each case, as in many cases of progressive myopia the vision can be improved with glasses to a greater degree than 20/50 or even normal vision, 20/20.

A final recommendation is given by the oculist in charge of each case as to the use of the eyes permitted, with full instructions as to glasses, revisits to the oculist, etc., as by this method only can most children be kept under most favorable conditions.

The educational feature of the work of the eye clinics is becoming more and more prominent, not only with parents and children and teachers of the Sight Conservation Classes, but with the principals and teachers throughout the city, many principals today have but a vague idea of what a Sight Conservation Class is, but nearly all are intensely interested and co-operative after hearing the subject fully explained with the other very important activities of the eye clinics, especially the subject of the harmful effects of refractive errors on the mentality of the growing child.

Progressive myopia is the most common cause of reduced vision in school children. Parents, teachers, and general practitioners should be constantly taught the cause of progressive myopia, as explained in our yearly report of 1920, which is briefly, that progressive myopia is caused by straining the eyes at the near point and the only prevention of the increase of progressive myopia is the wearing of the proper glasses.

It is here that the Sight Conservation Class is of inestimable value, in co-operating with the oculist in saving these near-sighted children from irreparable injury to their vision. The constant strain of the near-sighted eye can be relieved by wearing glasses, if the glasses are properly fitted, combined with the proper use of the eyes, but, it is only by co-operation of the family physicians, teachers, social workers, and school nurses, that the parents and children can be educated up to the point of giving their eyes proper and sufficiently sustained care.

It is clearly explained to the parents, in non-technical language, about the ciliary muscle spasm of myopic eyes of children and, therefore, the necessity for the use of a mydriatic in the proper refraction of those cases, and it is thus made clear to them why the child should be taken to the experienced oculist and not to the optician, who is not permitted to use a mydriatic by law, because he is not a physician.

Those having control of children of school age should know the importance of proper light, and the harm done by working the growing eye in improper light. The starting of near-sight in a normal eye is undoubtedly very often caused by the eye strain necessary to read and study in a poor light.

The question of light receives but scant consideration in some public schools, where many classrooms are lighted very badly (by gas) on all days but the very brightest, and the study room of one high school, in the auditorium, has practically no daylight. No more favorable setting con be imagined for the development of myopia, blepharitis, headaches and all that long list of neuroses caused by eye strain in the growing child.

Correct refraction of young children, backward children, and partly sighted children calls for the highest skill of the oculist of long experience.

Refraction is tiresome, tedious work and, in nearly all eye clinics, this work is

Digitized by Google

passed on to the newest assistant who is just learning, or, in some eye clinics, much of this hard work is left to an optician, who represents the optical firm who fills the prescription.

The oculists of the eye clinics of the Bureau of Child Hygiene are of long experience and highly trained in "skiascopy" and can successfully prescribe glasses for children, even though the mentality is as low as some form of idiocy.

The slowing up effect of refractive errors on the mentality of the growing school child is finally being appreciated at, at least a part of its true importance, by foremost neurologists and educators throughout the country.

Health Department Eye Clinics are enabled to care for and control those chronic cases requiring treatment over a long period, such, as corneal scars, trachoma, etc., as other eye clinics cannot care for and control them, because the Health Department Eye Clinics are links in the chain of the combined co-ordinating powers of the Department of Health and the Department of Education.

The chain is always in touch with the child at some point, either eye clinic, classroom, or even reaching the child in its home, and is strengthened by the added powers and assistance of other organizations, such as the Society for the Prevention of Cruelty to Children, etc., so that proper attendance at the clinics and proper obedience to advice can be almost enforced, if necessary.

Nothing like this is possible with the usual eye clinics, and a case under such care often drags on indefinitely, and eyes often become crippled, because of the lack of control out of the clinics and the irregular visits to the clinics.

The other special features of the eye clinics of the Bureau of Child Hygiene will be but lightly touched upon in this report, as the Sight Conservation Clinic and Sight Conservation Classes has been given such extensive description, due to the widespread interest in sight conservation, and the recognition of the retardation of mental development caused by defective vision and eye strain in the growing child, at the present time throughout the country.

The intense bichloride rub treatment of trachoma continues as successful as in the past year.

The huge number of trachoma and so-called trachoma cases treated in these clinics of several years ago has been reduced to but 345 trachoma cases out of 22,319 children visiting the clinics.

The negative-galvanic electrical treatment of corneal opacities is developing a high degree of decided improvements of vision in the 140 cases now under treatment.

Statistical Report of the Eye Clinics of the Bureau of Child Hygiene—1921.

New Cases	Revisits	Total Visits	Prescriptions for Glasses	Medical Prescriptions Filled	Negative Galvanic Electrical Treatments
22319	63,942	86,261	10,309	77,102	2,092

Diagnostic Report.

Palpebra—Blepharitis		1,680
	Hordeolum	717
	Ptosis	5
	Blephaospasm	1
	Chalazion	86
Conjunctiva—Conjunctivitis	Acute Catarrhal	3,007
	" Follicular	1,652
	" Phlyctenular	255
	" Trachoma	345
	" Ecchymosis	44
	" Corp al Conj.	183

Digitized by Google

Cornea—Keratitis Acute	81
" Interstitial	37
" Phlyctenular	62
" Ulcerosa	60
Opacities	261
Corp al Corn.	104
Iris—Iritis	9
Synechia	15
Coloboma	19
Lens—Cataract, Congenital	39
" Traumatic	28
" Luxation	7
Fundus—Optic Neuritis	44
Choroiditis	32
Retinitis	13
Posterior Staphyloma	45
Bulbar—Glaucoma	1
Micropthalmos	4
Buphthalmos	1
Anophthalmos	0
Phthisis, Bulbar	18
Motility—Strabismus	1,671
Nystagmus	155
Paralysis	60
Dacryocystitis	5
Albinism	5
Cellulitis of the Lid	1

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 4th, 1922.

The epidemic of influenza which manifested its presence in the second week of this year and which gradually reached its height in the sixth week, in which 596 deaths from influenza and pneumonia combined were reported, has gradually lessened, showing a very decided reduction in the mortality during the week just closed, there having been 404 deaths reported from these two causes, as compared with 548 in the immediately preceding week. Compared with the mortality from these two causes in the corresponding week of 1921, in which 268 deaths were reported, the figures for the week just closed still show a considerable increase, but it must be remembered that the year 1921 was a year in which influenza and the pneumonias reached an abnormally low mark. On the other hand, the number of deaths reported from influenza and pneumonia during the week, that is 404, showed a decrease from the average of the corresponding week in the immediately preceding three years of 162 deaths. If we take the number of deaths reported from these two causes in the first nine weeks of the years 1919, 1920 and 1921 and compare them with the first nine weeks of 1921, we find that there has been a decrease of 2,532 deaths from these causes.

The total number of deaths from all causes reported during the week just closed was 1,666 with a death rate of 14.89, as compared with 1,534 deaths and a death rate of 13.92, an increase in the absolute number of deaths of 132 and in the rate of .97 of a point, which is equivalent to a relative increase of 109 deaths.

As regards the other infectious diseases, encephalitis lethargica showed a decrease of 7 deaths; scarlet fever 8 deaths; whooping cough 4 deaths; typhoid fever 2 deaths and diphtheria and croup 28 deaths. There were only 14 deaths reported from diphtheria and croup during the week, as compared with 42 deaths in the corresponding week of 1921. From January 1st to date there were 238 deaths reported from diphtheria and croup as compared with 293 deaths in the corresponding period of 1921, so that the out-

Digitized by Google

look is hopeful that the record of deaths from this cause for 1921 (which was the lowest ever established) will be followed by an extremely low death rate for this year. Undoubtedly the most important factor in this gratifying decrease in the mortality from this cause has been the introduction on a large scale of the "'Schick" test and the conference of immunity by the extensive use of the toxin and anti-toxin.

Cancer showed an increase of 3 deaths; heart diseases an increase of 36 deaths, and Bright's disease of the kidneys, 27 deaths.

There were 233 deaths reported under one year of age, as compared with 240 in the corresponding week of 1921, a decrease of 7 deaths; between one and five years of age there were 155 deaths reported, as compared with 117, an increase of 38 deaths; between five and sixty-five years of age there were 889 deaths reported, as compared with 832, an increase of 57 deaths; at sixty-five years of age and over there were 389 deaths reported, as compared with 345, an increase of 44 deaths, so that it is readily seen that all age groups were adversely affected by the epidemic of influenza, with the exception of the infants under one year of age.

The death rate for the first nine weeks of the year was 15.50, as compared with 13.23 per 1,000 of the population in the corresponding period of 1921, an increase of 2.27 points.

From January 1st to date 93 infants under one year of age died out of every 1,000 born, as compared with 83 deaths at this age group in the corresponding period of 1921.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Dec. 10	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4
Total deaths	1201	1246	1332	1364	1486	1481	1581	1523	1837	2067	1981	1968	1668
Annual Death Rate	10.89	11.30	12.08	12.37	13.28	13.23	14.13	13.61	16.41	18.47	17.70	17.76	14.89
*Acute Infectious Diseases	29	31	43	41	41	45	55	49	58	91	76	71	40
Pul. Tuberculosis..	94	90	101	89	103	117	102	97	126	117	110	115	107
Influenza	8	5	5	6	16	13	15	25	85	128	130	105	54
Lobar Pneumonia.	64	62	82	85	116	149	154	149	218	258	238	235	174
Broncho Pneum...	56	70	76	80	88	101	115	128	178	210	208	208	176
**Violent Deaths ...	61	67	61	92	80	67	59	68	82	77	65	77	77
Deaths under 1 year.	161	166	179	175	210	196	208	217	242	300	247	237	223
Rates per 1,000 births	62.5	64.5	69.5	68.0	81.8	76.8	80.9	84.8	94.5	116.9	96.5	112.2	91.1
Deaths under 5 years	211	245	259	261	312	298	323	331	395	477	445	455	323
" 5-65 years ..	675	692	751	768	789	793	852	849	998	1068	1029	1048	889
" 65 years and over	315	309	322	335	385	390	406	343	444	522	507	485	389

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	349	256	188	187	196	206	238	258	234	297	195	308	255
Diphtheria	247	241	282	276	246	230	260	236	295	296	192	199	221
Measles	217	240	262	269	362	450	621	565	835	982	1124	1325	1499
Scarlet Fever	25	252	325	283	282	350	323	375	530	408	337	389	340
Chickenpox	118	143	221	128	170	223	175	208	154	217	127	159	154
Influenza	25	84	84	58	56	57	110	1230	781	7070	3284	1812	992
Pneumonias	264	307	309	381	464	568	532	648	5190	1749	1411	987	695
Typhoid Fever	6	5	7	8	4	5	8	7	1 5	2	2	1	7
Whooping Cough ...	116	70	76	90	72	104	87	77	88	109	67	84	98
Syphilis	285	228	304	193	278	319	335	284	233	247	232	12	241
Gonorrhoea	119	107	68	97	105	104	69	99	72	98	88	56	90
Poliomyelitis	2	6	1	1	..	1	..	2	..	1	..	3	1
Cerebro-spinal Meningitis	8	7	4	8	5	5	4	4	11	8	12		2
Total	1981	1891	2081	192	223	2622	2758	3988	9868	11478	7096	5041	4953

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, March 4th, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	702	752	730	994	442	44	16 09	17.27	16.76
The Bronx	732,016	809,536	150	189	177	321	154	14	10.05	12.18	11.41
Brooklyn	2,018,356	2,117,227	517	568	596	1042	315	45	12.98	14.00	14.69
Queens	469,042	516,683	119	108	123	199	51	6	12.47	10.91	12.42
Richmond	116,531	124,400	46	49	40	58	18	2	19.79	20.55	16.77
Total	5,620,048	5,839,738	1534	1666	1666	2614	975	111	13.92	14.89	

*Corrected by redistributing deaths according to borough of residence.

During the first nine weeks of this year there were 15,610 deaths, a rate of 15.50 per 1,000 population. During the corresponding weeks of last year there were 13,127 deaths, a rate of 13.23 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	34	..	30	3	70	112	22	21	6	3	39	121	194	400	158
The Bronx	1	32	..	3	..	19	13		..	4	1	4	16	27	111	51
Brooklyn	23	23	..	19	8	67	42	7	7	5	2	25	75	132	294	142
Queens	3	7	..	2	..	11	4	3	2	1	..	3	13	20	58	30
Richmond	1	11	..	..	..	7	5	..		..	..	..	8	15	26	8
Total	40	107	..	54	11	174	176	32	30	16	6	71	233	388	889	389

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	106	99 2	17	15.9	6	13	175	42.6	19	4.6	8	1.9
The Bronx	28	78 8	1	3.4	.	..	37	23.7	1	.6	1	.6
Brooklyn	78	88 8	6	6.4	2	3	135	31.8	8	1.9	16	3.8
Queens	18	97.2	1	5.4	..	1	26	25.1	2	1.9	2	1.9
Richmond	8	144.3	..	..	..	..	15	65.5	..	..	1	4.4
City of New York.	233	9 1.1	25	9.8	8	17	388	34.7	30	2.7	28	2 5

During the first nine weeks of this year 2,140 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 1,885 died, a rate of 83. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 2-25-'22.	103	105	90	58	117	68	45	29	30	2	..	1	45	..	..	52	..	551	188	1479
Admitted	22	32	61	20	15	16	25	17	6	..	..	1				8	..	16	2	241
Discharged ..	9	27	44	14	19	17	17	8	8	..	..	1	7	..	..	6	..	14	7	198
Died	5	7	6	5	1	5	..	5	..	1	..	..		..	..	..	..	..	1	86
Rem'g 3-4-'22..	111	103	101	59	112	62	53	33	28	1	..	1	38	..	..	54	..	553	177	1486
Total treated	125	137	151	78	132	84	70	46	36	2	..	2	45	..	..	60	..	567	185	1720

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1666	1534	981	785	233	81	74	388	74	84	267	464	389
1. Typhoid Fever	..	2	..	..	..	..	..	..	..	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	12	7	6	6	4	2	4	10	2	..	..	..	..
6. Scarlet Fever	10	18	8	2	1	1	2	4	6	..	..	..	..
7. Whooping Cough	4	8	1	3	1	2	1	4	..	..	..	..	..
8. Diphtheria	14	42	6	8	2	4	4	10	3	..	1	..	..
9. Influenza	54	16	21	33	3	4	1	8	3	1	11	14	17
Poliomyelitis	..	..	..	..	..	..	..	..		..	..	..	.
12. Other Epidemic Diseases	5	12	3	2	3	..	..	3	..	..	..	1	1
18. Pulmonary Tuberculosis	107	124	76	31	1	1	..	2	4	20	52	26	3
14. Tbc. Meningitis	8	12	5	3	..	1	3	4	2	1	1	..	..
15. Other forms Tbc.	3	8	1	2	..	..	1	1	..	..	2	..	..
16. Cancer, Malignant Tumor	111	108	63	48	..	..	..	..	..	1	19	61	30
17. Simple Meningitis	8	2	7	1	4	1	..	5	1	..	..	2	
17a. Cerebro-spinal Meningitis	..	3	..	..	..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	11	14	3	8	..	.	..	..	..	..	1	5	5
19. Organic Heart Diseases	307	257	154	153	2	..	2	4	11	14	27	117	134
20. Acute Bronchitis	11	17	6	5	5	..	..	5	1	..	1	1	3
21. Chronic Bronchitis	5	3	2	3	..	..	..	..	..	..	..	2	3
22. Lobar Pneumonia	174	189	106	68	19	18	12	49	8	15	48	38	16
22a. Broncho Pneumonia	176	113	87	89	45	32	22	99	8	2	10	21	36
23. Other Respiratory Diseases	16	8	12	4	3	2	4	9	..	..	3	2	2
24. Diseases of the Stomach (Cancer excepted)	10	7	8	2	1	..	..	1	..	1	3	4	1
25. Diarrhoeal Diseases (under 5 years)	80	25	19	11	25	5	..	30	..	..	..	..	.
26. Appendicitis and Typhilitis	17	10	14	3	..	..	1	1	3	3	5	5	..
27. Hernia, Intestinal Obstruction	18	15	12	6	1	1	1	3	..	..	2	7	6
28. Cirrhosis of Liver	4	10	2	2	..	..	..	..	..	..	2	2	
29. Bright's Disease and Nephritis	120	93	65	55	3	..	2	5	3	4	9	45	54
30. Diseases of Women (not Cancer)	5	8	..	5	..	..	..	..	..	1	2	2	..
31. Puerperal Septicaemia	1	7	..	1	..	..	..	..	..	..	1	..	
32. Other Puerperal Diseases	10	13	..	10	..	..	..	.	.	3	7	..	
33. Congenital Debility, and Malformations	85	90	52	33	33	1	..	34	..	1	..		..
34. Old Age	7	2	1	6		..		..	..	..		..	7
35. Violent Deaths	77	71	62	15	1	..	3	9	3	6	23	21	19
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	
b. Other Accidents	71	63	56	15	..	..	3	3	3	6	18	21	19
c. Homicide	6	3	6	..	1	..	..	1	..	..	5	..	..
36. Suicide	16	13	3	3	..	..	..	..	..	1	3	6	1
*37. All other causes	230	256	121	109	26	6	6	33	11	10	29	32	60
38. Ill-defined causes	..	1	..	..	..	..	..	..	..	..	..	..	.

Deaths in Institutions,	706	Mean temperature,	32.9 deg. Fahr.
Mean barometer,	30.6	Minimum temperature,	17.0 deg. Fahr.
Mean humidity,	67.3	Maximum temperature,	45.0 deg. Fahr.
Precipitation,	1.79	Snow,	3.9

†If the deaths under one month, numbering 102 from all causes, be deducted from the total deaths under one year, the resulting rate will be 51 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 4, Diabetes 34, Alcoholism 1, Locomotor Ataxia 2, Paresis 1, Arterio-sclerosis 70, all other congenital causes 15.

26a-2088-28-OPC

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MARCH 18, 1922. No. 10

DANGERS FROM PROMISCUOUS EXPECTORATION.

Between February 15 and 28, the Sanitary Police made 1,375 arrests for violation of that section of the Sanitary Code relating to promiscuous expectoration.

There is no single police measure so vital to the public health as the enforcement of the anti-spitting ordinance. It has been said by some of the greatest public health authorities, and by the foremost students of the subject of tuberculosis, that if it were possible to suppress spitting in public places, it would at once effect a very considerable diminution in the prevalence of tuberculosis, pneumonia, diphtheria, whooping-cough, and other diseases which are transmitted through respiratory tract discharges.

One who observes the condition of some of the streets, and of the stairways leading to and from the subway stations, must have been struck by the evidence of innumerable violations of this ordinance. Even on streets that are little frequented an observer will see evidence of a very considerable amount of promiscuous expectoration.

Dr. Allen K. Krause, of Johns Hopkins, has recently called attention to the dangers resulting from such practices, in particular to children who play on the streets, and whose marbles, balls, and other toys are contaminated by sputum. Both children and adults, of course, have their shoes soiled with such sputum, and bring it into the home.

It is in no spirit of petty tyranny that the Department of Health seeks to enforce this section of the Sanitary Code, and we note with special pleasure that 1,230 individuals of the 1,375 arrested were fined a total of $2,281. A continuance of such a record throughout the year would ultimately bring home to many persons the knowledge that when they expectorate on public walks or similar places, they may be responsible for distributing germs which may kill some susceptible person. This is true, even when the person who expectorates is, or appears to be, in good health.

MEDICAL CLINICS ON CONTAGIOUS DISEASES FOR PHYSICIANS.

Physicians who desire to attend medical clinics at the Willard Parker Hospital wards for contagious diseases can do so by registering their names and addresses with the Commissioner of Health, through the Bureau of Public Health Education of the Department, 505 Pearl street, New York City. Sections, each of which will number not more than twelve physicians will be formed. The clinics will be given by members of the Medical Board of the Willard Parker Hospital. Each section will receive two

Digitized by Google

clinics on diphtheria, one on scarlet fever, one on measles, and one on clinical laboratory work. The differential diagnosis, treatment and other essential clinical manifestations will be shown on patients suffering from these diseases and their complications. These clinics are exclusively for practicing physicians. Each section will receive, also, a clinic on laboratory work, chiefly on the bacteriology, etc., of these diseases. Dr. William H. Park, Dr. Henry W. Berg, and Dr. William J. Mersereau have already consented to give these clinics. Should the number of sections render it necessary, more members of the Medical Board will be asked to take part in the work. The clinics will be held on Tuesday, Wednesday, Thursday, Friday and Saturday from 2 to 3 p. m., for each section.

It is necessary that physicians desiring to do so register their names without delay.

HAIR TONIC CONCERN FINED $100 FOR VIOLATION OF THE SANITARY CODE.

The Jules Ferond Company, Inc., of No. 126 West 23rd Street, N. Y. City, was found guilty by Magistrate Brough in the Municipal Term Court, on March 7th, last, of violating the Sanitary Code, and fined $100.

The complaint upon which the company was convicted was made by an inspector of the Bureau of Food and Drugs of the Department of Health and was based upon the following: On March 15th, 1921, the Jules Ferond Company was summoned to court for violating Section 117 of the Sanitary Code, in that it published in newspaper advertisements and on labels and in literature accompanying a so-called hair tonic, false and misleading statements that the preparation "would positively grow hair." On advice of counsel, the company eliminated everything that was objectionable from its claims and so complied with the requirements of the Sanitary Code. As a consequence, the Assistant Corporation Counsel, representing the Department, moved to dismiss the case.

On August 4th, 1921, a full page advertisement appeared in a Sunday paper in which false and misleading statements relative to the properties of the company's hair preparation were again made. A summons was, therefore, served on the Jules Ferond Company, Inc., for again violating Section 117 of the Sanitary Code. This was followed by the trial and conviction as noted.

DEMONSTRATIONS OF SCHICK TESTS.

Physicians who are desirous of seeing the application and interpretation of Schick tests in the public schools will be welcomed by the Department of Health's medical staff engaged in the work, any morning between 9 and 12.

For information as to the nearest school where such work is being conducted, physicians are requested to telephone the Bureau of Laboratories—Stuyvesant 1600. Dr. Abraham Zingher is in charge of the work in Manhattan and Bronx, and Dr. M. C. Schroeder in Brooklyn and Queens.

ETHYL ESTERS OF CHAULMOOGRA OIL.

In a recent article on leprosy, it was stated in this Bulletin that the ethyl esters of chaulmoogra oil were unobtainable in this city.

While this was true up till a very short time ago, we are informed that these products can now be obtained.

Digitized by Google

NARCOTIC REGULATION AS IT AFFECTS CONSUMPTION.

Imports of Opium Into United States. (Total opium containing 9 per cent, or over, of Morphine.)

1910–1915	(Calendar Year)	471,043 lbs.
1916	" "	90,608 "
1917	" "	124,764 "
1918	" "	159,621 "
1919	" "	730,272 "
1920	" "	211,277 "
1921	(Jan.-Sept.)	68,804 "

Exports of Opium From United States.

1915	(Fiscal Year)	30,411 lbs.
1916	" "	20,486 "
1917	" "	10,564 "
1918	" "	4,332 "
1919	" "	110,972 "
1920	" "	129,128 "
1921	(Jan.-Sept.)	2,393 "

Note: Before 1915 the annual exportations were negligible.

In the petition recently submitted to Congress by the Drug and Chemical Section of the N. Y. Board of Trade and Transportation in opposition to the Miller (Narcotic) Bill, the following note is given: "There were exported, in four months prior to Treasury Regulation of May, 1920, 126,684 lbs. of opium, while in the twenty months following the adoption and enforcement of this regulation, only 4,080 lbs. of opium were exported."

The question may be asked whether anyone could seriously contend that the export of narcotics is not completely and effectively controlled by the existing regulations."

Per Capita Consumption of Opium in United States.

The per capita consumption of opium in the United States in 1915 amounted to approximately 36 grains based on a total consumption of 470,000 lbs. by a population of 92,000,000. For the period 1916 to 1921, the average annual per capita consumption dropped to approximately 15 grains computed on the basis of imports and exports, and a population of 105,000,000. The per capita consumption for 1921 will slightly exceed 6 grains if the monthly importations and exportations for the last three months of 1921 are of the same general magnitude as those of the preceding nine months.

These figures certainly look encouraging. Of course, it is not fair to attempt to form an opinion as to the medical needs of the country on the 1921 figures. At least three years should be taken as a period for computing the average annual consumption.

THE RECORD OF ONE ORPHAN ASYLUM.

The Roman Catholic Orphan Asylum, at Sedgwick Avenue and Kingsbridge Road, having sold its land and buildings to the Government for use as a soldiers' hospital, transferred all its children to other institutions, and closed its doors on January 16, last. During its twenty years at Kingsbridge the institution has had a remarkably good health record, there being forty-four deaths among the children, as compared with one hundred and seven deaths in the twenty years previous to removal from the old site at Fifty-first Street and Fifth Avenue, the mortality thus being reduced sixty per cent. The average number of children, lately, has been 878—the death rate being 2.50 per thousand. The city death rate, 1902-1920, for children, aged three to fourteen years inclusive, averages 4.63. The army death rate, in 1915, under peace conditions, was 4.40. Harvard College has reported its death rate for 1910-1920 to be 2.70.

Digitized by Google

In the Orphan Asylum, deaths have been due to the following causes:

Endocarditis	13	Abscess of Brain	1
Scarlet Fever	4	Cerebral Hemorrhage	1
Appendicitis	2	Cerebro-spinal Meningitis	2
Septicemia	1	Measles	1
Acute Dilatation of Heart	1	Nephritis	2
Pulmonary Tuberculosis	6	Influenza	2
Lobar Pneumonia	4	Diphtheria	1
Tuberculous Meningitis	3		

All cases which were transferred and died in hospitals are included.

A general measurement and weight of the asylum's children, in 1914, showed them to average two to three pounds heavier and one inch taller than the ordinary city school child. (Freeman, "American Journal of Diseases of Children.")

With the building of the new reception house, in 1913, the plan of admitting children in groups was instituted. Each band was kept isolated until seventeen days after the admission of the last child; then all were sent to the main buildings. Recently, the contagious diseases which developed could be traced to visitors or carriers. No outsiders were admitted in the fall of 1918, and the children escaped the influenza epidemic, but, in the recurring epidemic of the spring of 1919, the infection found its way into the girls' building, and there were 72 cases with 2 deaths. The infantile paralysis epidemic of 1916 did not invade the institution.

In the first two years in the Bronx, there were fifty-eight and sixty-seven cases, respectively, diagnosed as malaria. In the later years, there were no cases of this disease. Scarlet fever occurred in 1904, 49 cases; in 1908, 61 cases; in 1912, 68 cases; in 1919, 17 cases. There were in all 4 deaths from this disease.

Measles was prevalent in 1906, 96 cases; 1910, 11 cases; in 1916, 59 cases; in 1918, 38 cases; in all, 1 death.

Diphtheria prevailed in 1904, 18 cases; and in 1918, 19 cases; in other years there were 17 cases, making a total of 54 cases, amongst which there was 1 death.

In 1911, there were 39 cases of typhoid fever, due to infected milk—no death.

In twenty years, there were 180 cases of lobar pneumonia, with four deaths, and five empyema patients. There were 26 cases of colitis, and 12 cases of appendicitis, with 2 deaths resulting. Four cases of mastoiditis occurred. Vaccination of all children was done as a routine, every five years.

The above report was sent to the Bulletin by Dr. Joseph A. Dillon, who has been attending physician to the Asylum for 24 years.

INFLUENZA IN EUROPE.

The following is from a statement issued by the British Ministry of Health (quoted in Public Health Reports) regarding the influenza epidemic, based on information obtained by the medical staff of the Ministry since December, 1921.

"Outbreaks of influenza in England began in November, notably in the western areas of Nottinghamshire, whence it spread to towns in the south of the West Riding (where Leeds, Sheffield, and Rotherham were principally affected) and westward toward the Potteries. In the areas thus attacked early the epidemic has now materially abated or practically ceased. In London, although there was evidence of influenza in the schools about the end of November, the disease did not become generally prevalent until the middle of the following month. The northern, southern, and eastern registration districts of London have been those mainly affected. During the last fortnight the epidemic has further extended and the disease is now widely prevalent in many parts

Digitized by Google

of England and Wales. In the 96 great towns, during the week ending January 14, the deaths from influenza (including bronchitis and pneumonia complicating influenza) totaled 1,240. Of this number 551 occurred in London. During the same week the deaths in London attributed to pneumonia (without mention of influenza) rose from 318 to 457, and those attributed to bronchitis from 282 to 394.

"Weekly returns from the towns where the wave has now apparently spent its force suggest a duration of the epidemic in individual areas of 6 to 7 weeks. This fact, and the slackening rate of increase in London, encourage the hope that the epidemic in the metropolitan area is at or near its maximum.

"The appearance of epidemic influenza has been simultaneously reported from various countries on the Continent. Official statistics show that a rising incidence of influenza occurred during the last weeks of December—in Belgium at Ghent, in Norway at Christiania, in Sweden at Gothenburg and Stockholm, in Denmark at Copenhagen, and in Berlin and towns in southern Germany. The epidemic is also reported from Milan and other Italian cities, from Malta and Constantinople. No report of an influenza epidemic has been received from Paris, but the deaths from broncho-pneumonia in that city were 208 in December as compared with 126 in November."

CHANGE OF HOURS OF MANHATTAN OCCUPATIONAL CLINIC.

The afternoon sessions of the Occupational Clinic, 128 Prince St., Manhattan, have been abandoned. The following is the new schedule:

Week days, except Saturdays: 9 a. m. to 12.30 p. m.

Saturdays, 9 a. m. to 12 noon.

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 11, 1922.

During the week just closed there were 1,650 deaths and a rate of 14.74, as compared with 1,494 deaths and a rate of 13.55 during the corresponding week of 1921; an increase of 156 in the absolute number of deaths and 1.19 in the rate which is equivalent (taking into consideration the increase of population) to an increase of 133 deaths.

There were 20 deaths from measles, as compared with 6; 7 from scarlet fever, as compared with 11; 16 from diphtheria, as compared with 19; 6 from whooping cough, as compared with 11; and 120 deaths from cancer, as compared with 106. The most important increases in the mortality were those of heart diseases and nephritis. The mortality from heart diseases was 328, as compared with 289; nephritis 102, as compared with 88. These two causes show an increase of 53 deaths from the corresponding week of last year.

There were 37 deaths reported from influenza as compared with 20, and 294 deaths from pneumonia as compared with 219. The mortality from the respiratory diseases show an increase of 88 deaths from the corresponding week of last year, but a decrease of 74 deaths for the week of March 4th, 1922.

There were 221 deaths of infants under one year of age, as compared with 192, an increase of 29 deaths. At the ages of five to sixty-five years there were 865 deaths, as compared with 855. The mortality at sixty-five years of age and over numbered 417, as compared with 346.

From January 1st to date 92 infants under one year of age died out of every 1,000 born, as compared with 82 deaths of the same age for the corresponding period of last year.

The death rate for the first 10 weeks of this year was 15.43, as compared with 13.27 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

FATIGUE.—Gilbreth, F. B., and Lillian M. Fatigue study and safety work co-ordinate. (Med. Ins. and Health Conservation, Jan., 1922. pp. 139-140.)

HEALTH.—American Public Health Association. A half century of public health. Edited by Mazyak P. Ravenel. 1921.. 461 p. 614 Am3

HEALTH EDUCATION.—Bureau of Educational Experiments. Health education and the Nutrition class; a report by Jean L. Hunt, Buford J. Johnson and Edith M. Lincoln. 1921. 281 p., charts, tables, illus. 614B89he

JAUNDICE.—Hiscock, I. V., and O. F. Rogers. Outbreak of epidemic jaundice among college students. (A. M. A. Jour., Feb. 18, 1922. pp. 488-490, charts.)

MENTAL HYGIENE.—Bailey, Pearce. State care, training and education of mental defectives. (Ment. Hyg., Jan., 1922. pp. 57-67, maps, illus.)

POSTURE.—Rowe, F. A. Psychology of posture. (Med. Ins. and Health Conservation, Jan., 1922. pp. 147-149.)

SANITATION.—Carrick, M. M. Sanitation in public buildings as a health factor; conditions in schools, hotels, jails have direct community health bearing. (National Health, Feb., 1922. p. 112.)

SKIN DISEASE.—White, R. P. Do we neglect the industrial skin sufferer? (J. State Med., Feb., 1922. pp. 47-50.)

SYPHILIS.—Rook, A. F. The Sigma reaction for syphilis. A comparison with the Wassermann reaction and with clinical findings. (Lancet, Jan. 21, 1922. pp. 118-121, tables.)

TONSILS.—Taylor, H. D., and J. F. Dick. Quantitative bacteriology of the tonsils. (A. M. A. Jour., Feb. 25, 1922 pp. 570-571.)

VITAL STATISTICS.—Faxon, N. W. Vital statistics that hospitals should collect and publish. (Mod. Hosp., Feb., 1922. pp. 153-156.)

WASSERMANN REACTION.—Barenberg, L. B., and P. Rosenberg. Incidence of the Wassermann reaction in a large child-caring institute. (Arch. of Pediat., Jan., 1922. pp. 23-26, tables.)

WEIGHT.—Putnam, J. J. The ideal weight of children. (Arch. Pediat., Feb., 1922 pp. 71-85.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Dec. 17	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11
Total deaths	1246	1332	1364	1486	1481	1581	1523	1837	2067	1981	1988	1666	1654
Annual Death Rate	11.80	12.08	12.37	13.28	13.23	14.13	13.61	16 41	18.47	17.70	17.76	14.89	14.78
*Acute Infectious Diseases	81	43	41	41	45	55	49	58	91	76	71	40	32
Pul. Tuberculosis..	90	101	89	103	117	102	97	126	117	110	115	107	103
Influenza	5	5	6	16	18	15	25	85	128	130	106	64	37
Lobar Pneumonia.	62	82	85	116	149	154	149	218	258	238	235	174	149
Broncho Pneum...	70	76	80	88	101	115	128	178	210	208	208	176	154
**Violent Deaths ...	67	61	92	80	67	59	68	82	77	65	77	77	72
Deaths under 1 year.	166	179	175	210	196	208	217	242	300	247	287	233	202
Rates per 1,000 births	64.5	69.5	68.0	81.8	76.8	80.9	84.8	94.5	116.9	96.5	112.2	91.1	86.5
Deaths under 5 years	245	259	261	312	298	328	331	396	477	445	455	388	338
" 5-65 years ..	692	751	768	789	793	852	849	998	1068	1029	1043	859	765
" 65 years and over	309	322	335	385	390	406	343	444	522	507	495	389	377

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	256	188	137	196	206	238	258	284	297	195	308	255	227
Diphtheria	241	282	276	246	230	260	236	285	295	192	199	221	220
Measles	240	262	269	362	460	621	565	885	982	1124	1325	1499	1165
Scarlet Fever	252	325	283	282	350	323	375	530	408	337	389	340	253
Chickenpox	143	221	128	170	223	175	208	154	217	127	159	154	134
Influenza	34	34	53	56	57	110	1280	731	7070	3284	1312	592	370
Pneumonias	307	309	331	464	568	583	643	5190	1749	1411	987	655	574
Typhoid Fever	5	7	8	4	5	3	7	1 5	2	2	1	7	6
Whooping Cough ...	70	76	90	72	104	87	77	88	109	67	84	96	114
Syphilis	228	304	193	278	319	335	284	283	247	232	12	341	570
Gonorrhoea	107	68	97	105	104	69	99	72	93	88	56	90	98
Poliomyelitis	6	1	1	..	1	..	2	..	1	..	3	1	2
Cerebro-spinal Meningitis	7	4	8	5	5	4	4	11	8	12		2	10
Total	1891	2081	192	228	2622	2758	3988	9368	11478	7086	5041	4881	4677

Digitized by Google

ortality Summary for the Week Ending Saturday Noon, March 11th, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
anhattan	2,284,103	2,271,892	679	777	743	1067	948	65	15 56	17 85	17.07
e Bronx	782,016	809,536	166	170	175	806	56	14	11.12	10.95	11.28
ooklyn	2,018,356	2,117,227	510	564	581	942	254	45	12.81	13.90	14.82
ueens	469,042	516,683	99	97	111	227	20	10	10.88	9.79	11.21
ichmond	116,531	124,400	40	42	40	55	16	2	17.21	17.61	16.78
Total	5,620,048	5,839,738	1494	1650	1650	2597	1294	136	13.55	14 74	

*Corrected by redistributing deaths according to borough of residence.

During the first ten weeks of this year there were 17,260 deaths, a rate of 15.48 per 1,000 population. During the corresponding weeks of last year there were 14,621 deaths, a rate of 27 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
anhattan	33	48	1	13	1	72	96	14	12	11	11	23	116	190	411	176
he Bronx	1	20	1	3	..	18	9	1	1	2	..	2	16	28	92	55
rooklyn	13	16	..	19	8	43	40	12	12	7	1	33	70	128	294	142
ueens	..	9	..	2	1	6	7	1	1	1	..	3	14	20	49	28
ichmond	2	10	..	..	..	1	2	..		..	1	4	5	7	19	16
Total	49	103	2	37	10	140	154	28	26	21	13	65	221	368	865	417

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
anhattan	106	99 4	12	11.2	6	6	169	41 2	12	2.9	25	6.1
he Bronx	20	68 6	1	3.4	.	1	35	22.4	1	.6	4	2.6
rooklyn	74	77 4	10	10.5	3	7	134	31.6	12	2.4	18	3.1
ueens	17	91.2	1	5.4	..	1	24	23.2	1	1.0	2	2.0
ichmond	4	72.0	..	..	..	..	6	26.2	..	..	1	4.4
City of New York.	221	86.5	24	9.4	9	15	368	32.9	26	2.8	45	4.0

During the first ten weeks of this year 2,361 infants died, a rate of 92. per 1,000 births. During the corresponding weeks of last year 2,077 died, a rate of 82 per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 3-4-'22..	111	103	101	59	112	62	53	33	28	1	..	1	38	..	..	52	..	553	177	1484
Admitted	38	35	66	44	20	21	25	10	10	..	..	..	26	.	..	8	..	22	7	332
Discharged ..	49	37	54	25	17	14	23	3	6	1		1	11	.	..	3	..	15	9	263
Died	4	5	13	10	..	2	2	4	..	..	..	..	..	..	..	..	..	..	4	44
Rem'g 3-11-'22.	96	96	100	68	115	67	53	36	32	..	..	..	53	..	..	57	..	560	171	1504
Total treated	149	138	167	103	132	83	78	43	38	1	..	1	64	..	..	60	..	575	184	1816

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1650	1494	851	799	221	76	71	368	52	75	275	453	417
1. Typhoid Fever	..	8	..	..	..	..	..	..	..	..	..	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	20	6	10	10	5	4	9	18	2	..	..	..	
6. Scarlet Fever	7	11	4	3	..	..	6	6	..	..	1	.	
7. Whooping Cough	6	11	2	4	2	3	1	6	..	..	..	..	..
8. Diphtheria	16	19	8	8	5	3	7	15	1	.	..	..	
9. Influenza	37	20	23	14	3	2	1	6	3	1	13	8	6
Poliomyelitis	3	1	..	3	..	3	..	3		..	..		
12. Other Epidemic Diseases	6	10	2	4	2	..	1	3	..	..	1	2	..
13. Pulmonary Tuberculosis	108	130	63	40	..	..	..	..	2	27	43	26	5
14. Tbc. Meningitis	4	6	2	2	1	..	1	2	..	..	..	2	..
15. Other forms Tbc.	5	6	4	1	1	1	..	2	..	2	..	1	..
16. Cancer, Malignant Tumor	120	106	60	60	..	..	1	1	1	2	18	58	40
17. Simple Meningitis	7	3	3	4	..	..	..	..	3	..	3	1	
17a. Cerebro-spinal Meningitis	2	4	2		1	..	..	1	1	..	..	..	..
18. Apoplexy, Softening of the Brain	6	19	3	3	..		..	..	..	1	..	2	3
19. Organic Heart Diseases	320	272	140	180	1	..	1	2	9	9	42	111	147
20. Acute Bronchitis	10	14	1	9	4	2	1	7	..	..	1	..	2
21. Chronic Bronchitis	6	3	3	3	1	..	..	1	..	..	1	2	3
22. Lobar Pneumonia	140	186	84	56	12	15	6	33	3	7	31	41	25
22a. Broncho Pneumonia	154	88	85	69	48	29	20	97	2	3	8	18	26
23. Other Respiratory Diseases	15	6	11	4	3	1	2	6	1	1	1	3	3
24. Diseases of the Stomach (Cancer excepted)	8	8	4	4	..	..	..	..	..	..	5	3	..
25. Diarrhoeal Diseases (under 5 years)	26	13	16	10	24	1	1	26	..	..	..	..	..
26. Appendicitis and Typhilitis	25	13	13	12	.	..	..	..	4	6	7	3	..
27. Hernia, Intestinal Obstruction	10	14	3	7	3	1	..	4	..	..	..	4	2
28. Cirrhosis of Liver	4	4	2	2	..	..	..	..	..	..	2	2	
29. Bright's Disease and Nephritis	102	88	34	68	2	..	1	3	2	1	15	38	43
30. Diseases of Women (not Cancer)	12	11	..	12	..	..	..	..	..	1	6	5	..
31. Puerperal Septicaemia	4	1	..	4	..	..	..	..	..	2	2	..	
32. Other Puerperal Diseases	12	10	..	12	..	...	..	..	..	2	10	..	
33. Congenital Debility, and Malformations	35	37	52	33	34	..	1	35	..	..	..		..
34. Old Age	10	3	4	6	..	..	.	..	..	..		1	9
35. Violent Deaths	78	81	61	17	1	2	6	9	3	3	25	23	10
a. Sunstroke	..	..	..	..	..	..		..	..	..	..		
b. Other Accidents	65	72	49	16	1	2	6	9	3	2	18	19	9
c. Homicide	13	9	12	1	..	..	..	..	..	1	7	4	1
36. Suicide	21	21	17	4	..	..	..	..	..	2	5	9	5
*37. All other causes	265	265	134	131	18	9	5	32	10	4	35	95	69
38. Ill-defined causes	1	6	1	..	..	..	..	..	..	1	..	..	

Deaths in Institutions,	693	Mean temperature,	40.0 deg. Fahr.
Mean barometer,	29.84	Minimum temperature,	29.0 deg. Fahr.
Mean humidity,	70.6	Maximum temperature,	56.0 deg. Fahr.
Precipitation,	1.93	Snow,	Trace

†If the deaths under one month, numbering 94 from all causes, be deducted from the total deaths under one year, the resulting rate will be 50 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 7, Diabetes 31, Alcoholism 2, Locomotor Ataxia 1, Paresis 5, Arterio-sclerosis 100, all other congenital causes 6.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MARCH 25, 1922. No. 11 12

SUPERVISION OF HOME CONDITIONS OF CASES OF TUBERCULOSIS UNDER CARE OF PRIVATE PHYSICIANS.

The following letter from a physician, in which names and other identifying data are omitted, indicates a proper conception of responsibility for the public health which devolves upon practicing physicians. While there are other physicians who, from time to time, make reports of a similar nature to us, communications of this character are relatively infrequent, and this is published in the hope that many physicians may have their attention directed to the necessity for such reports.

"I am sending you this day one of the usual mailing cards notifying your Department that ....., aged 8, residing at ....., is suffering from pulmonary tuberculosis. This case came to my notice for the first time today. The girl is an orphan and living with a family in which there are two young children.

"Could you get some social service agencies interested in the case, unless the Department takes care of it? At present, she is a positive menace."

The Department of Health recognizes that the overwhelming majority of physicians cheerfully and conscientiously perform their duty in helping maintain public health. In the course of a busy practice, however, a physician may postpone or overlook reporting important facts such as cited in the above. Such a report as the one in question squarely places a definite duty and obligation upon the Department to exercise not only police functions in order to end a menace to public health, but to join with existing social service agencies in solving family problems which, at bottom, are responsible for the conditions existing.

In this connection, it may be well to call the attention of busy practitioners to the need for reporting, very carefully, on the special card which is sent every two months to those who have a case of pulmonary tuberculosis under their care, so that we may be informed with reference to the home conditions of patients which may constitute a source of danger to others. Obviously, in order that such a report should be of value, it must be based upon personal observation by the physician of the patient's home, and it requires a fairly intimate knowledge of the patient's general behavior. These cards are too often answered in a perfunctory and routine fashion. The fact is frequently overlooked by physicians that the re-

Digitized by Google

turn of the bi-monthly report card implies that they are exercising personal oversight and watchfulness in the home, and instructing the patient to maintain and observe sanitary regulations.

It cannot be too emphatically stated that the answer to each of the questions printed on these cards must be accurate, and based upon personal knowledge and observation of physicians, lest a danger to the health and lives of others be overlooked in the homes of tuberculous patients. The Department is legally responsible for the maintenance of sanitary regulations in the homes of the tuberculous. If it waives its right to visit homes to secure observance of such regulations, it is upon the express understanding that the attending physician will assume these obligations.

In order that physicians may clearly understand the card which is referred to a fac-simile is herewith reproduced and they are requested to study it carefully so that they may appreciate the importance of the obligations they are under to answer the questions fully and accurately, as a means of protecting the public health.

Sometimes physicians return this card, although they have not visited the patient's home for many months, or not at all, and overlook the fact that in attempting to answer the questions, which assume personal knowledge and observation of home conditions, they are unconsciously violating the public health law and may be responsible for the spread of disease to others.

When the Department ascertains that the reply to this card is not based on the personal knowledge and observation of the physician, or contains mis-statements, it is constrained to assume supervision over the case. If it failed to do so it would be guilty of neglect of duty. If the physician's knowledge of the patient and home conditions is based only on hearsay evidence, or if he sees the patient only in his office, he should specifically state such facts in returning the card to the Department, in order that the patient's home may be promptly and properly supervised, as required by law, and in the interest of the public welfare.

Form Supplied to Physicians for Report on Supervision of Cases of Pulmonary Tuberculosis.

DEPARTMENT OF HEALTH—CITY OF NEW YORK
BUREAU OF PREVENTABLE DISEASES

Date.....192..

Dr..... Address.....

Dear Sir:

(Name of Patient) .....

(Address) .....

Reported on .....192..
is registered at the Department of Health as suffering from pulmonary tuberculosis, and as being under your care. In accordance with the regulations of the Department of Health (see other side of this card), please furnish the following information regarding your patient, using this card and return it in enclosed stamped and addressed envelope.
Is patient still at above address? (Yes) (No) Under your professional care?

(Yes) (No) If not at same address, where?.....
I herewith certify from personal knowledge and observation of the patient and of home conditions that all precautions to prevent the spread of infection are observed.

(Signed).....M. D

PLEASE REPLY PROMPTLY

(Over)

Digitized by Google

Reverse.

If this card is not returned within one week, a nurse of this Department will visit the patient's home to obtain the desired information.

NOTE—All cases of pulmonary tuberculosis, not under continuous observation at their home by private physicians, are visited by a tuberculosis nurse, who sees that the necessary precautions are being observed and orders renovation upon removal of the case.

IN ACCORDANCE WITH THE SANITARY CODE—It shall be the duty of every physician in the City of New York to report to the Department of Health in writing within twenty-four hours after the time when the case has been diagnosed, the full name, age, and address of any person found by such physician to be affected with any infectious disease, stating in each instance the name of the disease.

The attention of physicians is called to the following resolutions of the Board of Health adopted March 30, 1910, and amended January 10, 1911:

"It is hereby ordered that every physician having a case of pulmonary tuberculosis under his care be required to notify the Department of Health once a month, on cards furnished for that purpose, if patient still resides at the original address given; if not, of any change of address of such patient in order that the premises vacated may be properly disinfected by the Department.

"And further ordered that every physician be required to notify the Department of Health in the same manner whenever a case of pulmonary tuberculosis passes from his professional care, or fails to observe the necessary sanitary precautions, in order that the Department may assume surveillance of such case."

FEDERAL REGULATIONS REGARDING POSSIBLE TRANSMISSION OF ANTHRAX THROUGH ARTICLES OF COMMERCE.

According to "Treasury Department and Department of Agriculture Joint Order No. 2. Regulations Governing The Sanitary Handling and Control of Hides, Fleshings, Hide Cuttings, Parings, and Glue Stock, Sheepskins and Goatskins and Parts Thereof, Hair, Wool, and Other Animal By-products, Hay, Straw, Forage, or Similar Material Offered for Entry into the United States, 1917," all hides and skins offered for entry into the United States may be admitted either on certificate signed by qualified persons (as mentioned) or if consigned to establishments having proper facilities for their sanitary control and disinfection, providing the various requirements of the Bureau of Animal Industry of the Department of Agriculture for their transportation and disinfection (if necessary) are carried out satisfactorily. Raw wool and hair may be admitted if consigned to establishments having proper facilities for their sanitary control and disinfection, providing the various requirements of the Bureau of Animal Industry of the Department of Agriculture for their transportation and disinfection are carried out satisfactorily.

According to section 14 of the Interstate Quarantine Regulations of the United States shaving or lather brushes shall not be transported in interstate traffic unless manufactured in accordance with specified requirements.

At present there is a bill before Congress "To prohibit the importation and the interstate shipment of certain articles contaminated with anthrax," applying specifically to shaving or lather brushes containing horsehair.

A recent communication from the Acting Surgeon General of the U. S. Public Health Service, states:

"At a recent conference between representatives of the Bureau of Animal Industry of the Department of Agriculture and the United States Public Health Service it was arranged that, whenever a case of anthrax is traced directly to raw hair or other animal products, information be furnished directly to the Bureau of

Digitized by Google

Animal Industry at Washington, D. C., for investigation and such action as may be deemed necessary. It will be of great value to the Bureau of Animal Industry if the fullest possible assistance is rendered by state and local authorities in such investigations.

"Whenever a case of anthrax is traced directly to a shaving brush, it is believed most advisable that the state and local authorities affected make full investigation, tracing the consignment of shaving and lather brushes and withholding the suspected shaving and lather brushes from commerce until laboratory examination has shown them to be either positive or negative for anthrax bacilli. If anthrax bacilli are found, the shaving and lather brushes should either be sterilized in accordance with section 14 of the Interstate Quarantine Regulations of the United States or destroyed. In case the consignments of suspected shaving and lather brushes have been shipped to other cities and states, detailed information should be forwarded immediately to the State Health Officer concerned by the authorities first making the investigation, so that similar follow-up action may be taken by the other state and city authorities. It is desired that detailed information of the cases of anthrax traced to shaving and lather brushes be furnished the United States Public Health Service at the earliest possible moment."

DIPHTHERIA IN NEW YORK CITY.

Fourth Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond	City
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	1556	552	1511	581	121	4321
	1921	992	431	995	319	55	2792
Deaths reported	1920	95	17	91	36	7	246
	1921	54	30	64	22	6	176
Primary cultures	1920	5331	1896	3965	2526	743	14461
	1921	4860	1741	4716	1338	552	13207
Positive cultures	1920	815	336	848	346	69	2414
	1921	542	222	559	182	21	1526
Negative cultures	1920	4377	1485	2965	2118	653	11598
	1921	4229	1486	4061	1130	525	11431
Treated at home	1920	1164	534	1289	553	94	3634
	1921	713	404	836	295	38	2286
Removed to D. of H. hospitals	1920	392	18	222	28	27	687
	1921	279	27	159	24	17	506
Isolated in other institutions	1920	0	0	0	0	0	0
	1921	0	0	0	0	0	0
Immunizations	1920	556	122	450	2	63	1193
	1921						
Case fatality	1920	.06	.03	.06	.06	.06	.06
	1921	.05	.07	.06	.07	.11	.06
Cases per 1,000 of population	1920	2.71	2.93	2.94	4.82	4.07	3.08
	1921	1.73	2.20	1.90	2.54	1.80	1.93
Deaths per 1,000 of population	1920	.16	.09	.18	.30	.23	.17
	1921	.09	.15	.12	.17	.20	.12

SCARLET FEVER IN NEW YORK CITY.

Fourth Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond	City
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	794	349	911	259	49	2362
	1921	811	279	721	504	45	2360
Deaths reported	1920	38	5	31	5	..	79
	1921	18	6	9	4	..	37
Treated at home	1920	604	340	794	245	44	2027
	1921	648	269	651	448	28	2044
Removed to D. of H. hospitals	1920	190	9	117	14	5	335
	1921	163	10	70	56	17	316
Case fatality	1920	.05	.01	.03	.02	..	.03
	1921	.02	.02	.01	.01	..	.01
Cases per 1,000 of population	1920	1.38	1.85	1.77	2.15	1.65	1.66
	1921	1.41	1.42	1.38	4.02	1.47	1.63
Deaths per 1,000 of population	1920	.07	.03	.06	.04	..	.05
	1921	.03	.03	.02	.03	..	.02

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Fourth Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond	City.
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
New cases	1920	1906	336	1014	304	54	3614
	1921	1672	452	847	116	43	3130
Total cases in register	1920	15505	3490	7030	1576	318	27919
	1921	14655	3490	6924	1429	322	26820
New patients examined at clinic..	1920	1587	425	1204	250	27	3493
	1921	1766	374	1342	212	32	3726
Cases under supervision	1920	182	20	390	19	7	618
	1921	245	67	431	7	7	757
Voluntary renovations	1920	257	86	177	275	26	821
	1921	199	39	162	94	59	553
Sputum examined	1920	5062	1198	2375	446	107	9188
	1921	4967	1143	2483	370	102	9065
Positive sputums	1920	965	166	464	109	24	1728
	1921	1013	211	531	68	22	1845
Deaths from pulmonary tuberculosis	1920	585	123	448	105	23	1284
	1921	559	137	332	85	41	1154
Death rate per 1,000 of population	1920	1.02	.65	.87	.87	.77	.90
	1921	.97	.70	.63	.68	1.34	.80
Deaths all forms of tuberculosis..	1920	682	151	500	119	23	1475
	1921	627	150	393	94	42	1306
Death rate all forms	1920	1.19	.80	.97	.99	.77	1.03
	1921	1.09	.77	.75	.75	1.38	.90

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 18, 1922.

There were 1,607 deaths reported during the week just closed and a rate of 14.36, as compared with 1,450 and a rate of 13.15 for the corresponding week of 1921, an increase in the absolute number of deaths of 157 and in the death rate of 1.21 points, which is equivalent to a relative increase of 136 deaths.

The three most important factors in this increased mortality was, first a greater prevalence of measles in the Boroughs of Manhattan and Brooklyn, there having been 38 deaths reported from this cause in these two boroughs as compared with 2 deaths, an increase of 36 deaths. The second important factor was the presence of influenza; there having been 287 deaths reported from influenza and the pneumonias as compared with 237 for the corresponding week of 1921, an increase of 50 deaths. The third important factor was the increase in the number of deaths from diarrhoeal diseases among children under five years of age, there having been 39 deaths reported as compared with 19, an increase of 20 deaths. Of minor effect upon the mortality, was an increase of 5 deaths from encephalitis lethargica, one death from scarlet fever, 2 deaths from diphtheria, 1 from typhoid fever. There was an increase of 16 deaths from organic heart diseases, 4 deaths from cancer, and 18 deaths from diseases of the nervous system.

On the other hand, pulmonary tuberculosis shows a considerable decrease, there having been 108 deaths reported as compared with 130, a decrease of 22. 89 deaths reported from chronic Bright's disease as compared with 102, a decrease of 13. 4 deaths from whooping cough as compared with 10, a decrease of 6 deaths.

Viewed from the point of age grouping there were 264 deaths reported of infants under one year of age as compared with 215, an increase of 49 deaths. Between one and five years of age there were 127 deaths reported as compared with 93, an increase of 34. Between five and sixty-five years of age there were 847 deaths reported as compared with 820, an increase of 27 deaths. At sixty-five years of age and over there were 369 deaths reported as compared with 322, an increase of 47 deaths, so that it is evident that all age groups of the population were unfavorably affected by the prevailing infections and detrimental weather conditions.

The death rate for the first eleven weeks of the year was 15.32 per 1,000 of the population as compared with a rate of 13.25 in the corresponding period of 1921, an increase of 2.07 points in the rate. From January 1st to date, 93 infants under one year of age died out of every 1,000 births reported, as compared with 82 in the corresponding period of 1921, an increase of 11 deaths in every 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

COLDS.—Tobey, H. G. Common colds in relation to industrial hygiene. (J. Ind. Hyg., March, 1922. pp. 333-338.)

CRIME AND CRIMINALS.—Robinson, L. M. Penology in the United States. 1921. 344 p. 364R56

DENTAL CLINICS.—Bernton, H. S. A preschool dental clinic. (Mother and Child, March, 1922. pp. 144-116.)

DIETETICS.—Hinkle, T. C. How to eat; a cure for "nerves." 1921. 128 p. 613.2H59

FACTORY SANITATION.—Purdy, J. S. Lighting and ventilation of factories, hours of labor and health. (Jour. Ind. Hyg., March, 1922. pp. 349-358.)

FOODS.—Wood, B. M. Foods of the foreign-born in relation to health. 1922. 98 p. 641W85

FOOT.—Hanses, A. H. The prophylactic and corrective value of footgear. (Med. Rec. March 11, 1922. pp. 416-418, illus.)

HEART DISEASES.—Phipps, Cadis. Heart disease in industry. (A. M. A. Jour. Feb. 25, 1922. pp. 562-564.)

JUVENILE DELINQUENCY.—Henry, M. B. Near-delinquents in the public school (Jour. Delinquency, Nov., 1921. pp. 525-548.)

PREVENTIVE MEDICINE.—Rosenau, M. J. Preventive medicine and hygiene. 4 ed. 1921. 1567 p., diagrs., tables, illus. 614R72p4

MENTAL HYGIENE.—Wile, I. S. Laziness in school children. (Ment. Hyg., Jan. 1922. pp. 68-82.)

VITAMINS—Eddy, Walter H. The vitamine value; a presentation of essential data about the new food factors. 1921. 12[illegible] p., sharts, tables. 641.1E22

VITAL STATISTICS--CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Dec. 24	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18
Total deaths	1332	1364	1486	1481	1581	1523	1837	2067	1981	1988	1666	1650	1[illegible]
Annual Death Rate	12.08	12.37	13.28	13.23	14.18	13.61	16.41	18.47	17.70	17.76	14.89	14.74	14.[illegible]
*Acute Infectious Diseases	43	41	41	45	55	49	58	91	76	71	40	51	[illegible]
Pul. Tuberculosis..	101	89	103	117	102	97	126	117	110	115	107	103	1[illegible]
Influenza	5	6	16	13	15	25	85	128	180	105	54	87	[illegible]
Lobar Pneumonia.	82	85	116	149	154	149	218	258	238	235	174	140	1[illegible]
Broncho Pneum...	76	80	88	101	115	128	178	210	208	208	176	154	1[illegible]
**Violent Deaths ...	61	92	80	67	59	63	82	77	65	77	77	78	[illegible]
Deaths under 1 year.	179	175	210	196	208	217	242	300	247	287	233	221	2[illegible]
Rates per 1,000 births	69.5	68.0	81.8	76.3	80.9	84.8	94.5	116.9	96.5	112.2	91.1	86.5	10[illegible]
Deaths under 5 years	259	261	312	298	323	331	395	477	445	455	388	365	3[illegible]
" 5-65 years ..	751	768	789	793	852	849	998	1068	1029	1048	889	868	8[illegible]
" 65 years and over	322	335	385	390	406	343	444	522	507	485	389	417	3[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	188	187	196	206	238	258	234	297	195	308	255	287	2[illegible]
Diphtheria	282	276	246	230	260	236	285	295	192	199	221	230	2[illegible]
Measles	262	269	362	450	621	565	835	982	1124	1325	1499	1665	1[illegible]
Scarlet Fever	325	283	282	350	323	375	530	408	337	389	340	453	4[illegible]
Chickenpox	221	128	170	223	175	208	154	217	127	159	154	154	1[illegible]
Influenza	34	53	56	57	110	1230	781	7070	8284	1812	592	310	1[illegible]
Pneumonias	309	381	464	568	583	643	5190	1749	1411	987	655	574	4[illegible]
Typhoid Fever	7	8	4	5	8	7	1 5	2	2	1	7	6	
Whooping Cough ...	76	90	72	104	87	77	88	109	67	84	96	114	[illegible]
Syphilis	304	193	278	319	335	284	283	247	232	12	341	370	3[illegible]
Gonorrhoea	68	97	105	104	69	99	72	98	88	56	90	96	[illegible]
Poliomyelitis	1	1		1		2	..	1	..	3	1	2	[illegible]
Cerebro-spinal Meningitis	4	8	5	5	4	4	11	8	12		2	10	[illegible]
Total	2081	192	223	2622	2758	8988	9368	11478	7066	5041	4283	4270	40[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, March 18th, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	663	728	692	1038	1468	66	15 19	16.72	15 89
The Bronx	732,016	809,536	163	161	169	297	43	14	10.92	10.38	10 89
Brooklyn	2,018,356	2,117,227	461	573	594	922	189	50	11.58	14.12	14 64
Queens	469,042	516,683	108	92	104	160	80	5	11.32	9.29	10.50
Richmond	116,531	124,400	55	53	48	73	3	3	23 67	22.23	20 13
Total	5,620,048	5,839,738	1450	1607	1607	2490	1733	138	13.15	14.86	

*Corrected by redistributing deaths according to borough of residence.

During the first eleven weeks of this year there were 18,867 deaths, a rate of 15.32 per 1,000 population. During the corresponding weeks of last year there were 16,071 deaths, a rate of 13.25 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	51	45	1	12	..	51	66	25	24	9	5	32	184	194	372	162
The Bronx	4	17	1	8	..	20	9	2	2	3	..	3	19	27	98	36
Brooklyn	25	28	..	18	7	48	42	18	10	4	4	20	90	144	300	129
Queens	1	7	1	1	2	4	6	2	2	1	..	5	14	18	48	26
Richmond	..	11	..	..	..	3	4	1	1	..	..	3	7	8	29	16
Total	81	108	3	34	9	126	127	48	39	17	9	63	264	391	847	369

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	126	118 2	21	19.7	12	10	178	43.4	23	5.6	37	9.0
The Bronx	25	85 7	2	6 9		2	36	23.0	2	1 8	4	2.6
Brooklyn	93	97 6	10	10.5	4	5	150	35 4	11	2.6	21	4 9
Queens	14	75.5	1	5 4	..	1	20	19.3	2	1.9	2	1.9
Richmond	6	107.1	1	17.8	..	1	7	80.6	1	4 4	..	..
City of New York.	264	103.4	35	13.7	16	19	391	35.0	39	3 5	64	5.7

During the first eleven weeks of this year 2,625 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 2,292 died, a rate of 82. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	[illegible]	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 3-11-'22.	96	96	100	68	115	67	53	36	32	..	..	..	53	..	..	57	..	560	171	1504
Admitted	41	44	36	24	26	15	32	10	5	2	..	2	5	..	..	5	..	16	2	265
Discharged ..	14	30	47	22	32	17	28	15	5	1	..	..	16	..	..	3	..	19	4	253
Died	2	13	15	7		4	5	2	..	..	..	..	..	..	..	..	..	..	2	50
Rem'g 3-18-'22	121	97	74	63	109	61	52	29	32	1	..	2	42	..	..	59	..	557	167	1466
Total treated	137	140	136	92	141	82	85	46	37	2	..	2	58	..	..	62	.	576	173	1769

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1607	1450	835	772	264	67	60	391	69	86	244	448	369
1. Typhoid Fever	2	1	2	..	..	..	..	..	..	1	..	..	1
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
5. Measles	39	2	22	17	14	12	9	35	4	..	..	..	..
6. Scarlet Fever	11	10	2	9	1	1	4	6	4	1	..	..	..
7. Whooping Cough	4	10	..	4	2	..	1	3	1	..	..	..	..
8. Diphtheria	27	25	12	15	3	7	10	20	7	..	..	..	..
9. Influenza	34	18	20	14	3	5	2	10	..	4	6	8	6
Poliomyelitis	1	..	..	1	..	..	..	..	1	..	..	..	..
12. Other Epidemic Diseases	10	9	7	3	6		..	6	..	..	1	1	2
18. Pulmonary Tuberculosis	108	130	68	40	2	..	1	3	1	24	46	29	5
14. Tbc. Meningitis	7	10	4	3	3	..	1	4	1	1	1	..	..
15. Other forms Tbc.	9	6	5	4	1	..	..	1	..	1	6	1	..
16. Cancer, Malignant Tumor	123	119	55	68	..	..	1	1	1	..	16	67	38
17. Simple Meningitis	11	4	6	5	5	1	..	6	1	..	3	1	
17a. Cerebro-spinal Meningitis	3	3	2	1	1	..	..	1	1	..	1	..	..
18. Apoplexy, Softening of the Brain	11	16	5	6	..	..	..	..	..	..	..	2	9
19. Organic Heart Diseases	288	262	125	158	1	1	..	2	10	9	18	113	131
20. Acute Bronchitis	9	9	6	3	5	1	1	7	.	..	..	..	2
21. Chronic Bronchitis	4	4	2	2	.	.	.	..	..	..	..	..	4
22. Lobar Pneumonia	126	124	70	56	16	10	7	33	5	6	35	32	15
22a. Broncho Pneumonia	127	95	60	67	45	18	14	77	4	3	3	17	23
23. Other Respiratory Diseases	11	11	6	5	2	3	2	7	..	..	2	1	1
24. Diseases of the Stomach (Cancer excepted)	6	8	5	1	..	1	..	1	..	..	1	3	1
25. Diarrhoeal Diseases (under 5 years)	39	19	22	17	35	3	1	39		..	..	..	..
26. Appendicitis and Typhilitis	23	13	12	11	.	..	..	.	3	4	9	7	..
27. Hernia, Intestinal Obstruction	14	18	7	7	3	..	..	3	..	..	2	7	2
28. Cirrhosis of Liver	2	8	1	1	..	..	..	..	..	..	1	..	1
29. Bright's Disease and Nephritis	89	102	44	45	1	..	..	1	2	4	11	43	28
30. Diseases of Women (not Cancer)	8	7	..	8	..	..	..	..	.	1	4	2	1
31. Puerperal Septicaemia	8	5	..	8	.	..	..	..	..	4	4	..	..
32. Other Puerperal Diseases	12	14	..	12	..	..	..	..	..	2	10	..	..
33. Congenital Debility, and Malformations	86	104	55	31	85	..	..	85	1	..	..	..	..
34. Old Age	9	5	2	7		..	..	..	..	..	..	..	9
35. Violent Deaths	72	61	55	17	3	..	2	5	9	7	18	17	16
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accident	63	57	46	17	3	..	2	5	9	3	14	16	16
c. Homicide	9	4	9	..	..	..	..	..	..	4	4	1	..
36. Suicide	17	20	13	4	..	..	..	..	.	1	6	8	2
*37. All other causes	260	195	138	122	27	2	4	33	13	13	40	89	72
38. Ill-defined causes	2	2	2	..	..	2	.	2	..	..	..	..	..

Deaths in Institutions,	710	Mean temperature,	39.3 deg. Fahr.
Mean barometer,	29.99	Minimum temperature,	20.0 deg. Fahr.
Mean humidity,	52.1	Maximum temperature,	58.0 deg. Fahr.
Precipitation,	.10	Snow,	Trace

†If the deaths under one month, numbering 100 from all causes, be deducted from the total deaths under one year, the resulting rate will be 64 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 11, Diabetes 24, Alcoholism 4, Locomotor Ataxia 2, Paresis 9, Arterio-sclerosis 71, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. APRIL 1, 1922. No. 13.

CONTAGIOUS DISEASE CLINICS AT THE KINGSTON AVENUE HOSPITAL.

The following clinics on contagious diseases have been scheduled to be held at the Kingston Avenue Hospital, Brooklyn:

Tuesday, 3.30 P. M., Dr. H. L. Ratnoff, Scarlatina.

Wednesday, 3.30 P. M., Dr. L. C. Agar, Measles and Mixed Infections.

Thursday, 3.30 P. M., Dr. J. M. Wallfield, Diphtheria.

Physicians desiring to attend these clinics should make application through the Bureau of Public Health Education, 505 Pearl St, Manhattan, although any physician will be welcomed without prearrangement, provided the numbers are not too large.

WASTE AND MISUSE OF DEPARTMENT'S LABORATORY OUTFITS.

As the Department of Health has been compelled, in the interest of general economy and the avoidance of waste, to restrict its expenditures for laboratory glassware this year, all physicians, and others, to whom diagnostic outfits are supplied, are urged to co-operate in reducing the wastage and misuse which has always been large.

Physicians, when having occasion to use diphtheria culture tubes, are requested to take from the culture stations only exactly what their immediate need requires, examining, of course, tubes taken for condition—freedom from evidence of contamination or dryness of medium.

Request is also made that the practice, by some, of using Department of Health outfits for purposes other than those for which they are intended, be discontinued, and that all outfits not used, and often left lying around, be returned to the nearest culture station. All of the outfits cost, at present prices, from 5 to 15 cents each.

Institutions, in particular, since they use large quantities of these outfits, should be careful that none of them are used as receptacles for pathological and other specimens, not intended for the Department of Health, and that no waste thereof is permitted. Some time ago, a letter was sent to all institutions which receive diphtheria culture tubes, and other supplies from the Department of Health, for use in their own laboratories, asking that they return all glassware *properly cleansed*. This has imposed no great burden on the institutions which, we are sure, appreciated the reasonableness of the request.

Digitized by Google

RECENT CHANGES IN HEALTH DEPARTMENT SUPPLY STATIONS

Manhattan.

New Stations.	*Stations Discontinued.*
J. C. Keogh, 3900 Broadway	Waldman, 8th Ave. & 120th St.
Bluebell Pharmacy, 438 Madison Ave.	Kahn, 78 7th Ave.
John Thomas, 2601 Broadway	B. & M. Pharmacy, 439 Audubon Ave.
Abraham Sharfin, 1449 Madison Ave.	Albert, Lenox Ave. and 116th St.

Brooklyn.

Itkind's Pharmacy, 2401 Mermaid Ave.	Benjamin, Rockaway Ave. and Fulton St.
Paul Warner, 1161 Gravesend Ave.	Abramson, 225 5th Ave.
George Reither, 120 Myrtle Ave.	Levine, 92 Liberty Ave.
Jas. Kirkeby, 1119 Liberty Ave.	Radin, 2006 65th St.
Jacob Doniger, 335 Kingston Ave.	Raitano, 63d St. and 14th Ave.
Alexander Friedlander, 1677 Nostrand Ave.	Roeber, 775 Seneca Ave.
	Schaeffer, 1000 Nostrand Ave.
Louis Kronick, 1053 Rogers Ave.	Stage, 575 Nostrand Ave.
Samuel Rivskin, 20th Ave. and 63d St.	Berte Pharmacy, 691 4th Ave.
Benjamin Shenkman, 689 DeKalb Ave.	
Fluhr & Fudman, 2911 Fulton St.	
Siegel's Pharmacy, 7715 New Utrecht Ave.	
Reid & Witze, 1123 Kings Highway	

Bronx.

S. James Alterman, 5586 Broadway	Salzman, 163d St. and Prospect Ave.
Maurice Klein, 2646 Briggs Ave.	
Abraham Melman, 1429½ Wilkins Ave.	

Queens.

Conklin & Summers, Grand and Bittman Sts., Maspeth.	Haas, Rockaway Blvd., So. Ozone Park.
S. Schachter, 11802 Liberty Ave., Richmond Hill.	
Hyman Frankel, 5th and Washington Aves., Rockaway Park	

HOSPITAL INFORMATION BUREAU.

Following the survey of hospital work in New York City made by the Public Health Committee of the New York Academy of Medicine, and the disclosed need of a central agency of information about hospitals, the United Hospital Fund has organized such a bureau with offices at 15 West 43rd Street.

The aims of this bureau are to keep in touch with hospital work and progress in New York City; to furnish information to all interested with regard to administration, record-keeping and other facts concerning hospital work, organization and facilities; to study and make known the hospital needs of the city; to prepare exhibits; to maintain a library of hospital reports and statistics, also of record forms and blanks used in the several departments of the hospitals; to publish annually, or more often, information concerning hospitals; to promote uniformity in hospital reporting; and, whenever called upon by the hospitals, to assist in such administrative and efficiency studies as would be of value to the hospitals, municipal and private.

The committee in charge of the bureau is as follows: Mr. Francis Smyth, chairman, trustee of the United Hospital Fund; Dr. W. Gilman Thompson, president of the Reconstruction Hospital and trustee of the New York Academy of Medicine; Dr. S. S. Goldwater, trustee of the United Hospital Fund, director of Mt. Sinai Hospital, formerly Commissioner of Health; Mr. Julius A. Stursberg, trustee of the United Hos-

Digitized by Google

pital Fund and also of the Lenox Hill Hospital; Mr. Henry C. Wright, hospital consultant and trustee of Bellevue and Allied Hospitals.

Dr. E. H. Lewinski-Corwin, executive secretary of the Public Health Committee of the New York Academy of Medicine, has been appointed director of the bureau.

HEALTH LECTURES.

The following is a summary of lectures given by the Division of Industrial Hygiene during last month:

Lectures given by staff	384	Men addressed	4222
		Women addressed	2510
Lectures given by paid lecturers	64	Men addressed	1406
		Women addressed	1711
	448		9849

The above lectures comprised, among others, the following subjects: Personal hygiene, accidents and their prevention, food, exercise, recreation, lighting, posture, clothing, communicable diseases, preventable diseases, occupational diseases, industrial hazards, child hygiene, sex hygiene, physical examinations.

There is a gratifying growth of interest in the subject of health by the general public and, particularly, by industrial workers. "The Nation's Health" for March, alludes to the present as being the healthiest year. Perhaps we may be pardoned some self-congratulation if we feel that some credit for this is due to the extension of public health education.

FATAL PURPURA FROM OCCUPATIONAL POISONING WITH BENZOL

"The young woman had been employed for nearly two months in an automobile factory, working with rubber dissolved in benzol, in what was called the 'heating room.' Three or four men and two women were employed in this unventilated room; they were supposed to leave it frequently to breathe purer air. Headache, dizziness, and pallor had been followed by hemorrhagic purpura, with fever, acute anemia, and death within three weeks. There had been three previous cases of purpura within six months in the persons employed in this room, but only one was fatal. Some recent research indicates that commercial benzene (benzol) is more toxic than crystallizable benzene, and that this is more toxic than benzene obtained from calcium benzoate. Persons using benzol should have their blood examined frequently."

—(*Review in J. A. M. A., of an article in Bulletins de la Societe Medicale des Hopitaux.*)

THE SMALLPOX SITUATION IN CONNECTICUT.

Connecticut is experiencing the most extensive smallpox outbreak that it has had since 1916-1917, when the disease centered in Waterbury and spread to 21 communities in Connecticut and other communities in Massachusetts, Rhode Island and New Jersey.

SMALLPOX IN CONNECTICUT.

Year.	Cases.	Deaths.	Year.	Cases.	Deaths.	Year.	Cases.	Deaths.
1900	2	0	1907	13	0	1914	95	0
1901	74	5	1908	6	0	1915	22	0
1902	344	14	1909	3	0	1916	52	0
1903	254	1	1910	0	0	1917	423	1
1904	6	0	1911	2	0	1918	94	0
1905	6	0	1912	329	0	1919	6	0
1906	75	0	1913	190	1	1920	2	0
						1921	8	0

Digitized by Google

The cases in Connecticut so far in this outbreak number 247, and the health officers of Connecticut are viewing with apprehension the continuing spread of the disease, for it has appeared in Monroe, Bethel and Danbury in March—three communities which had been hitherto free of the disease. The 247 cases have occurred as follows:

December, 1921, 3; January, 1922, 95; February, 1922, 65; March 1-20, 1922, 84.

From these figures it appears that the disease at the present time is not checked. The communities affected by smallpox in March were as follows:

Bridgeport, Norwalk, Fairfield, Bethel, Milford, Danbury, Stratford, Monroe, Wallingford, Westport.

In every town the disease appeared first in unvaccinated individuals. Connecticut is fortunate in having a form of the disease that is not causing many fatalities, only two having been reported to date. On the other hand, the fatal form of the disease has appeared for the first time in several years in certain sections of this country, particularly Kansas, Colorado, Texas, Illinois and Oklahoma.

(*From Bulletin Connecticut State Dept. of Health.*)

INTERESTING SMALLPOX OUTBREAK.

The following account of an outbreak of smallpox at Poteau, Okla., is furnished by an officer of the Public Health Service who co-operated with officers of the State Board of Health in combating the spread of the disease at that place. (*From Public Health Reports, March* 3.)

"On December 5, 1921, a prisoner in the county jail at Poteau was taken sick. The man had been in Kansas City, Mo., from November 16-27, during which time an epidemic of smallpox of the virulent type was present in that city. On December 6 the prisoner expressed his belief that he 'was getting smallpox' when he was visited by the jail physician. On December 9 the eruption appeared. The disease was of the discrete type, with a few confluent patches. The patient recovered. He had been successfully vaccinated 44 years previously. The above case was reported to the city health officer December 18, and some quarantine measures were taken. In the meantime the patient had been in contact with about 30 other prisoners and with the county officers. On December 19 some of the other prisoners who desired it were vaccinated. From December 21, 1921, to January 5, 1922, 18 secondary cases appeared among the prisoners. Nine of these died during the period January 3-13, inclusive. Every prisoner in the jail who had not been vaccinated contracted the disease. Ten prisoners who had been successfully vaccinated within the three preceding years (while in the army) did not contract the disease, although they were in intimate contact with virulent cases.

"On January 5, 1922, five prisoners broke jail and were not apprehended. One was reported to have died in Alabama.

"In addition to the cases occurring in jail, 19 cases occurred outside—14 in Poteau and five elsewhere in the county. Of the 14 cases in Poteau, 12 died during the period January 1-18. Of the five cases in outside districts, three died. Vaccination histories of the fatal cases were not obtained. Two cases of varioloid occurred in persons who had been successfully vaccinated December 28, 1921—18 days prior to the appearance of the eruption.

"From the original source of infection at the county jail, there occurred 38 cases—four hemorrhagic, two discrete, and 32 confluent in type. There were 24 deaths.

"Dr. A. R. Lewis, State Health Commissioner, and Dr. George Hunter assumed charge of the epidemic January 15 and immediately instituted control measures. Persons who refused to be vaccinated were placed under quarantine. The small towns around Poteau and the neighboring sections of Arkansas enforced strict quarantine against Poteau and in some cases an absolute quarantine against all traffic. It was reported that some towns in Arkansas enforced effective quarantine against persons

Digitized by Google

coming from any place in Oklahoma. The last severe case of smallpox was quarantined January 5, 1922.

"The epidemiological data presented in this report serve to emphasize the value of prompt reporting of cases on the part of physicians and of alertness and vigor on the part of health departments in instituting prompt control measures."

MORTALITY BULLETIN FOR THE WEEK ENDING MARCH 25, 1922.

The mortality during the week just closed was somewhat lower than that of the immediately preceding week but considerably higher than in the corresponding week of 1921. The number of deaths reported during the week was 1,580, with a death rate of 14.12 per 1,000 of the population, as compared with 1,398 deaths and a rate of 12.68 in the corresponding week of 1921, an increase in the absolute number of deaths of 182 and in the rate of 1.44 points, which is equivalent to a relative increase of 161 deaths.

Three factors contributed to this increase; first, the measles epidemic which is prevalent; second, the effect of the waning epidemic of influenza; third, the increased mortality from diphtheria and croup. Repeatedly waves of infection from measles have appeared in alternate years and undoubtedly we are now experiencing a very considerable epidemic in an "on" year, last year being an "off" year. From January 1st, when the epidemic showed itself, until last Saturday, there were 238 deaths attributed to measles, as compared with 46 deaths in the corresponding period of time in 1921. During the week just closed there were 46 deaths from measles, as compared with 2 deaths for the corresponding week of 1921. During the prevalence of the epidemic of measles we also have an increase in the pneumonia deaths, especially those from broncho pneumonia; during the week just closed there were 130 deaths from broncho pneumonia, as compared with 92 deaths. Second, the effect of influenza during the week apparently was to increase the deaths from the chronic degenerative diseases; there were 324 deaths reported from organic heart diseases, as compared with 265, an increase of 59; the number of deaths from cancer were 122, as compared with 101, an increase of 21; chronic Bright's disease was credited with 88 deaths, as compared with 84, an increase of 4 deaths.

Third, mortality from diphtheria: The mortality from this cause, which has been running very low during the year, made a considerable jump, as shown, during the week, there being 38 deaths reported from this disease, as compared with 18. It is possible that this is simply a weekly fluctuation in the mortality from this cause which will right itself in a short time. There were 106 deaths reported from violence as compared with 84, an increase of 22. Exactly the same number of deaths—114—were reported from pulmonary tuberculosis in the week just closed and in the corresponding week of 1921.

Viewed from the point of age grouping there were 213 deaths reported under one year of age, as compared with 171, an increase of 42 deaths; between the ages of 1 to 5 years there were 169 deaths reported, as compared with 103, an increase of 66; between the ages 5 to 65 years there were 828 deaths reported, as compared with 812, an increase of 16; at 65 years of age and over there were 370 deaths reported, as compared with 312, an increase of 58; so that it is evident that the extremes of life were very much affected by the increased mortality, whereas between the ages of 5 to 65 the increase was comparatively slight.

The death rate during the first twelve weeks of the year was 15.22 per 1,000 of the population, as compared with a rate of 13.21, an increase of 2.01 points. From January 1st to date 93 infants under one year of age died out of every 1,000 of the population, as compared with 81 deaths in the corresponding period of 1921, an increase of 12 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CONTAGIOUS DISEASES.—Copeland, Royal S. Import diseases as they affect the work of the New York City Health Department. (Am. J. Pub. Health, March, 1922. pp. 202-204.)

DIPHTHERIA.—Dickinson, T. E. The Schick test for the determination of susceptibility to diphtheria; a record of 1200 cases. (Lancet, Feb. 18, 1922, pp. 312-316.)

FATIGUE.—Fisk, E. L. Fatigue in industry. (Am. J. Pub. Health, March, 1922. pp. 212-217.)

HAIR.—Hubbard, S. D. Ways to Keep the 160,000 hairs on your head. 1922. VF

HEALTH.—Fletcher, U. G. The art of healthful living. 2nd ed. 1921. 244 p., illus. 614 F63

HOSPITALS.—Ketcham, Dorothy. Recent hospital legislation. (Mod. Hosp., Feb., 1922. pp. 132-134.)

MALARIA.—Howard H. H. An indigenous fish used in combating malaria. (Nation's Health, Feb., 1922. pp. 65-69, illus.)

MENTAL HYGIENE.—Easterbrook, C. C. Early treatment of mental disease—some needed reforms. (Med. Off., Feb. 22, 1921. pp. 81-82.)

NURSING.—Colp, Ralph, and W. M. Keller. Textbook of surgical nursing. 1921. 455 p., illus. 610.73 C71

POISONING.—Hamilton, Alice. The growing menace of benzene (benzol) poisoning in American industry. (A. M. A. Jour., March 4, 1922. pp. 627-630.)

PSYCHOLOGY.—Campbell, C. M. Psychology of the pre-school period. (Mother and Child, March, 1922. pp. 107-111.)

SCHOOL HYGIENE.—Phair, J. T. School health supervision in Canada. (Lancet, Feb. 18, 1922. pp. 339-341.)

TUBERCULOSIS.—Michael, May. Résumé of literature (1920) on tuberculosis in children. (Am. J. Dis. Child., Feb., 1922. pp. 146-182.)

X-RAY.—Wood, F. C. The biological dosage of X-ray. (Med. Rec., March 11, 1922. pp. 399-401.)

VITAL STATISTICS--CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Dec. 31	Jan. 7	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar 25
Total deaths	1364	1486	1481	1581	1523	1837	2067	1981	1988	1666	1650	1607	158
Annual Death Rate	12.87	13 28	13.23	14.13	13.61	16 41	18 47	17 70	17.76	14 89	14.74	14.36	14 12
*Acute Infectious Diseases	41	41	45	55	49	58	91	76	71	40	51	86	10
Pul. Tuberculosis..	89	103	117	102	97	126	117	110	115	107	103	108	11
Influenza	6	16	13	15	25	85	128	180	105	54	87	34	2
Lobar Pneumonia.	85	116	149	154	149	218	258	238	235	174	140	126	12
Broncho Pneum...	80	88	101	115	128	178	210	208	208	176	154	127	13
**Violent Deaths ...	92	80	67	59	63	82	77	65	77	77	78	72	8
Deaths under 1 year.	175	210	196	208	217	242	300	247	287	238	221	264	21
Rates per 1,000 births	68 0	81.8	76.3	80.9	84.8	94 5	116.9	96.5	112 2	91.1	86.5	103.4	83.6
Deaths under 5 years	261	312	298	323	331	395	477	445	455	388	368	391	35
" 5-65 years ..	768	789	798	852	849	998	1068	1029	1048	889	865	847	82
" 65 years and over	335	385	390	406	343	444	522	507	485	389	417	369	37

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	137	196	206	238	258	234	297	195	308	255	287	256	20
Diphtheria	276	246	230	260	236	285	295	192	199	221	230	268	27
Measles	269	362	450	621	565	835	982	1124	1325	1499	1665	1342	201
Scarlet Fever	283	282	350	323	375	530	408	337	389	340	453	404	43
Chickenpox	128	170	223	175	208	154	217	127	159	154	154	139	13
Influenza	58	56	57	110	1230	5731	7070	3284	1312	592	310	173	13
Pneumonias	381	464	568	533	643	1190	1749	1411	987	655	574	475	50
Typhoid Fever	8	4	5	8	7	5	2	2	1	7	6	..	
Whooping Cough ...	90	72	104	87	77	88	109	67	84	96	114	84	8
Syphilis	193	273	319	335	284	233	247	232	12	341	370	348	24
Gonorrhoea	97	105	104	69	99	72	93	83	56	90	95	68	7
Poliomyelitis	1	.	1	.	2		1	..	3	1	2	3	
Cerebro-spinal Meningitis	8	5	5	4	4	11	8	12		2	10	6	
Total	192	223	2622	2758	3988	9368	11478	7066	5041	42 3	4270	4064	404

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, March 25th, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	616	727	690	1039	1034	55	14 12	16 70	15.84
The Bronx	732,016	809,536	152	181	180	300	175	14	10.19	11.67	11.60
Brooklyn	2,018,356	2,117,227	424	514	548	935	175	45	12.15	12 67	13 50
Queens	469,042	516,683	105	115	132	186	12	7	11.01	11 61	13.33
Richmond	116,531	124,400	41	48	30	39	7	3	17 64	18 08	12 58
Total	5,620,048	5,839,738	1398	1580	1580	2499	1403	124	12.68	14.12	

*Corrected by redistributing deaths according to borough of residence.

During the first twelve weeks of this year there were 20,447 deaths, a rate of 15.22 per 1,000 population. During the corresponding weeks of last year there were 17,469 deaths, a rate of 13.21 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	56	88	2	7	..	60	82	16	15	5	6	45	118	208	860	159
The Bronx	5	27	4	4	..	12	10	2	1	..	..	8	19	27	108	46
Brooklyn	30	25	3	10	10	46	28	14	18	7	1	22	64	122	258	134
Queens	5	11	..	2	1	8	9	..	..	1	..	11	12	18	74	23
Richmond	1	13	..	..	..	3	1	1	1	..	..		5	7	28	8
Total	97	114	9	28	11	129	130	33	80	18	7	86	218	382	828	370

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	108	96 8	13	12 2	7	7	183	44 6	14	3 4	47	11 4
The Bronx	28	78 9	1	3 4		1	40	25.6	1	.6	7	4 5
Brooklyn	69	72 5	11	11.6	..	10	131	30 9	14	3.3	30	7 1
Queens	18	70.2	..	..	..	..	21	20 3	..		4	3 9
Richmond	5	89.5	1	17.9	..	1	7	30 6	1	4 4	1	4 4
City of New York.	213	83 6	26	10.2	7	19	382	84.2	30	2.7	89	8 0

During the first twelve weeks of this year 2,838 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 2,463 died, a rate of 81. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 3-18-'22.	121	97	74	63	109	61	52	29	32	1	..	2	42	..		59	..	557	167	1466
Admitted	41	57	50	34	19	11	33	16	4	1	1	..	17	..		4	..	21	7	319
Discharged ..	32	37	32	18	20	20	25	9	8	..		1	15	..	..	7	..	14	4	242
Died	2	18	20	5		3	4	4	..	..	1	..	..	..	..	..	..	..	3	55
Rem'g 3-25-'22.	131	104	72	74	108	49	56	32	28	2	.	1	44	..	..	56	..	564	167	488
Total treated	165	154	124	97	128	72	85	45	36	2	1	2	59	..	..	63	.	578	174	1785

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1580	1398	840	740	218	82	87	382	58	76	263	481	320
1. Typhoid Fever	..	1	..	..	..	..	..	..	..	..	..	..	
2. Malarial Fever	1	1	1	..	..	..	..	..	..	..	..	1	
5. Measles	46	2	23	23	7	19	19	45	.	..	1		
6. Scarlet Fever	9	8	4	5	..	1	4	5	3	..	1		
7. Whooping Cough	4	8	4	..	4	..	..	4	..	..	..	..	..
8. Diphtheria	38	18	24	14	5	13	17	35	2		1	..	
9. Influenza	23	17	10	13	1	3	2	6	4	3	3	4	3
Poliomyelitis	..	..	..	..	..	..	..	..					
12. Other Epidemic Diseases	7	5	1	6	1	..	..	1	1		2	3	.
13. Pulmonary Tuberculosis	114	114	70	44	..	1	1	2	4	26	48	31	3
14. Tbc. Meningitis	8	12	3	5	1	1	2	4	2		2	..	..
15. Other forms Tbc.	8	5	7	1	1	1	2	4	1	1	2	..	..
16. Cancer, Malignant Tumor	122	101	61	61	..	..	1	1	..	..	14	63	44
17. Simple Meningitis	9	8	5	4	3	..	..	3	2	1	..	2	1
17a. Cerebro-spinal Meningitis	9	3	6	3	2	1	2	5	3	1	..		
18. Apoplexy, Softening of the Brain	11	18	4	7	..		..	..	.	..	1	4	6
19. Organic Heart Diseases	309	246	154	155	..	..	2	2	3	6	30	115	163
20. Acute Bronchitis	11	9	3	3	3	1	..	9			..	1	1
21. Chronic Bronchitis	4	2	1	3	1	1	..	2	..	..	..	..	2
22. Lobar Pneumonia	129	122	74	55	10	9	9	28	4	7	30	41	19
22a. Broncho Pneumonia	130	92	67	63	46	20	12	78	5	4	9	17	17
23. Other Respiratory Diseases	10	16	6	4	2	1	2	5	..	..	4	1	
24. Diseases of the Stomach (Cancer excepted)	3	12	3	..	..	..	..	..	..	..	1	2	..
25. Diarrhoeal Diseases (under 5 years)	30	25	17	13	26	3	1	30		..	..	..	..
26. Appendicitis and Typhilitis	16	14	12	4	.		..	..	1	1	3	3	3
27. Hernia, Intestinal Obstruction	8	12	5	3	1	..	..	1	1	..	2	3	1
28. Cirrhosis of Liver	4	3	1	3	..	..	..	..	..	..	1	2	1
29. Bright's Disease and Nephritis	88	94	45	43	..	1	1	2	2	4	9	32	39
30. Diseases of Women (not Cancer)	7	7	..	7		..	..	..	..	1	3	3	..
31. Puerperal Septicaemia	2	10	..	2	..	.	..	..		1	1	..	..
32. Other Puerperal Diseases	13	19	.	13	..	.	..	.		..	13	..	..
33. Congenital Debility, and Malformations	71	71	35	36	71	.	..	71	..	..	..	..	..
34. Old Age	4	7	2	2	..			..	..	..	..	..	4
35. Violent Deaths	93	66	63	30	..	1	5	6	3	11	29	25	13
a. Sunstroke	..	..	..	..				..	..	..	..	..	..
b. Other Accidents	86	63	56	30	..	1	5	6	9	8	26	24	13
c. Homicide	7	3	7		..	..	..	..	..	3	3	1	..
36. Suicide	13	18	8	5	..	..		..	..	1	7	4	1
*37. All other causes	224	239	116	108	23	3	5	31	6	8	41	74	64
38. Ill-defined causes	2	3	..	2	..	2	..	2	..	..	..	..	..

Deaths in Institutions,	692	Mean temperature,	41.0 deg. Fahr.
Mean barometer,	29.85	Minimum temperature,	22.0 deg. Fahr.
Mean humidity,	56.9	Maximum temperature,	63.0 deg. Fahr.
Precipitation,	1.20	Snow,	Trace

†If the deaths under one month, numbering 78 from all causes, be deducted from the total deaths under one year, the resulting rate will be 53 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 10, Diabetes 27, Alcoholism 7, Locomotor Ataxia 2, Paresis 3, Arterio-sclerosis 67, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. APRIL 8, 1922. No. 14.

RECORD OF INFLUENZA AND PNEUMONIA IN NEW YORK CITY.

Influenza.

So far as yet recorded, influenza showed its greatest prevalence and highest mortality rate in the period extending from October 12 to November 9, 1918, the cases occurring in tens of thousands, and deaths in thousands, each week.

A second or recurrent wave of this epidemic began February 1 and continued to February 27, 1919, the cases again occurring in tens of thousands, but the deaths were always below a thousand per week.

The outbreak of 1922 began rather suddenly, about January 25, and reached its highest point in the week ending February 15, when there were 7,070 cases reported and 128 deaths. The figures for the week ending March 4 showed a marked decline, there being only 592 cases and 54 deaths. In the week ending March 11, there were still fewer cases, 288, and only 37 deaths.

On the whole, one must say that the outbreak of 1922 was not of a serious nature, the cases being mild, with temperature lasting for two or three days and never reaching a high point, and with no complications. Prostration was great in proportion to other symptoms, and, very frequently, as the temperature fell, a maculo-papular rash appeared, especially on the back, buttocks and knees. The rash, noted in many cases, is a decidedly new feature and will be studied further by the Department's Bureau of Preventable Diseases. The small number of deaths, as compared with previous outbreaks, when there were no more cases than recently, is noticeable.

Pneumonia.

This disease, like influenza, reached the highest point on record from October 5 to November 9, 1918, both as regards the number of reported cases, which we realize is only a very small percentage of the actual cases, and as to the number of deaths. For three weeks in succession, the mortality approximated 2,000 per week.

In the spring of 1919, there was an accompanying rise in both the pneumonia cases and deaths, corresponding to the condition that prevailed with respect to influenza. It seems that, at this time, cases were better reported than in the previous epidemic. For two successive weeks, the deaths numbered, approximately, 1,000 each week.

In the outbreak of 1922, accompanying the influenza increase, in the weeks from February 1 to February 22, there were reported to us approximately 1,400 cases of

Digitized by Google

pneumonia per week, and an average of about 450 deaths a week. However, these figures were not alarming, nor out of proportion to conditions encountered in many previous years.

Age Groups in 1922.—A study of the age groups of cases of pneumonia shows that there were more cases in young children, especially under one year, at one year and at two years of age, than in the preceding large epidemics. The next biggest group of cases occurred among children from five to nine years of age, and the third largest group among those from twenty to forty years of age. The deaths from pneumonia were 17 per cent in children under five years of age, and 17 per cent in those over sixty-five years of age.

Influenza showed a somewhat different distribution. There were comparatively few cases among young children, the disease predominating among those twenty to forty-five years of age. Influenza showed a predominance of deaths among those in the same group from twenty to sixty-five years.

Sex in 1922.—Pneumonia showed a predilection for the male sex, 1,997 cases occurring among males, as compared with 1,618 among females. In 574 reported cases the sex was not given. There were 1,343 deaths from pneumonia among males, as compared with 1,127 deaths among females.

Influenza showed the reverse. The reported cases were predominantly female, namely, 4,180 cases, as compared with 3,314 in males; in 3,576 cases the sex was not stated. Influenza deaths, like cases from influenza, were more frequent among females, 236 deaths occurring among this sex, as compared with 182 among males.

Hospital treatment in 1922.—In pneumonia, one-quarter of the cases were treated in hospitals—1,153, as compared with 3,032 treated at home.

The vast majority of influenza cases were treated at home, namely, 9,137 cases, as compared with 933 treated in hospitals.

Pregnant Women.—The influenza of 1922 seems to have had no such serious influence upon pregnant women as was the case in the great epidemic of 1918-1919.

Influenza and Pneumonia Cases and Deaths by Weeks and Years.

	INFLUENZA.							
Week Ending	1918-19 Cases.	1918-19 Deaths.	1919-2 Cases.	1919-20 Deaths.	1920-21 Cases.	1920-21 Deaths.	1921-22 Cases.	1921-2 Deat
Sept. 28	1304	46	7	5	10	4	4	3
Oct. 5	1200	299	23	7	11	3	14	5
Oct. 12	21060	979	14	9	12	3	20	6
Oct. 19	30341	2218	38	11	11	2	21	5
Oct. 26	22353	2971	31	13	14	5	29	4
Nov. 2	26574	2547	42	12	28	6	20	[illegible]
Nov. 9	6057	1207	38	10	17	4	20	[illegible]
Nov. 16	2317	485	39	22	28	5	18	4
Nov. 23	1247	292	31	19	22	5	32	[illegible]
Nov. 30	841	175	79	21	35	5	20	[illegible]
Dec. 7	824	158	49	17	51	8	13	[illegible]
Dec. 14	1119	160	65	27	43	9	25	[illegible]
Dec. 21	2049	216	47	28	67	11	34	5
Dec. 28	1687	259	54	35	29	3	34	5
Jan. 4	2341	307	88	12	64	13	53	6
Jan. 11	2525	351	42	11	134	9	56	16
Jan. 18	3310	423	100	12	78	15	57	13
Jan. 25	3088	540	384	18	84	12	110	15
Feb. 1	3067	538	5690	116	72	10	1230	23
Feb. 8	1755	392	30456	557	59	10	5731	[illegible]
Feb. 15	1438	300	21388	965	84	9	7070	12
Feb. 22	1488	267	8091	731	109	10	3284	130
Mar. 1	1451	235	3030	380	102	10	1312	106
Mar. 8	1132	255	1069	151	101	16	592	32
Mar. 15	956	237	489	82	124	20	310	31
Mar. 22	724	164	381	74	154	18	173	34
Mar. 29	628	162	230	46	165	17	120	15
April 5	516	95	151	44	142	10	99	12
April 12	305	78	71	30	179	10		
April 19	160	89	68	21	176	15		
April 26	100	56	51	29	16	16		
May 3	120	47	36	24	57	14		
May 10	74	45	36	13	49	10		

Digitized by Google

PNEUMONIA.

Week Ending	1918-19 Cases.	1918-19 Deaths.	1919-20 Cases.	1919-20 Deaths.	1920-21 Cases.	1920-21 Deaths.	1921-22 Cases.	1921-22 Deaths.
Sept. 25	274	98	6	59	82	71	131	50
Oct. 5	966	145	24	55	136	79	191	65
Oct. 12	1928	434	9	76	92	70	142	65
Oct. 19	3508	1142	29	69	101	77	166	78
Oct. 26	5153	2009	29	80	169	77	209	83
Nov. 2	4640	2251	47	82	160	90	235	102
Nov. 9	1576	1855	53	86	183	95	227	117
Nov. 16	716	1070	63	96	216	92	225	92
Nov. 23	300	518	94	113	269	115	269	127
Nov. 30	280	365	134	94	295	129	263	106
Dec. 7	264	249	186	116	356	156	206	104
Dec. 14	280	98	151	131	376	110	264	110
Dec. 21	485	317	201	139	306	152	307	132
Dec. 28	396	318	281	155	285	142	309	138
Jan. 4	610	419	295	166	261	185	381	165
Jan. 11	652	446	331	189	510	236	464	165
Jan. 18	844	519	528	205	341	201	568	250
Jan. 25	917	575	713	148	335	192	533	269
Feb. 1	981	623	1044	403	390	193	643	277
Feb. 8	665	501	4768	751	342	189	1190	396
Feb. 15	526	486	4535	1023	391	203	1749	468
Feb. 22	480	521	3306	1065	673	202	1411	446
Mar. 1	504	539	1705	622	591	259	987	443
Mar. 8	448	493	891	462	539	252	655	350
Mar. 15	414	425	588	287	409	219	574	294
Mar. 22	369	390	451	243	512	219	475	253
Mar. 29	329	358	525	238	447	214	503	259
April 5	269	369	446	215	392	189	545	237
April 12	249	291	398	240	330	173		
April 19	164	266	501	201	370	177		
April 26	114	213	338	228	322	157		
May 3	133	185	345	195	298	182		
May 10	115	202	255	188	271	130		

SCHICK TEST AND TOXIN-ANTITOXIN WORK.

Dr. William H. Park, Director of the Department of Health's Bureau of Laboratories, in an article in the "Monthly Bulletin," February, 1922, gives a complete summary of the latest information available concerning the usefulness of the Schick test, and toxin-antitoxin injections in the non-immune.

A copy of this issue of the "Monthly Bulletin" will be sent to anyone interested, who applies to the Bureau of Public Health Education, 505 Pearl St., Manhattan.

The conclusions of Dr. Park's article follow:

The results of twenty-five years of experimental and practical investigation of the immunizing effect of toxin-antitoxin injections are as follows:

Three injections, 1 c.c. each, of a suitable toxin-antitoxin mixture spaced one or two weeks apart, will cause about 85 per cent of susceptible children or older persons to develop sufficient antitoxin to give the negative Schick reaction and produce protection against diphtheria.

The development of the immunity is slow. An amount of antitoxin sufficient to prevent the positive Shick reaction does not develop for from one to six months after the receiving of the injections.

The duration of the immunity in at least 90 per cent of the children, is for more than six years and probably for the remainder of life.

The toxin-antitoxin mixture should be slightly underneutralized. The exact degree of neutralization has not yet been determined. A dose that causes paralysis but not immediate death in young guinea pigs, is effective and absolutely safe for infants and young children.

Toxin-antitoxin injections should not be given within two weeks of an injection of antitoxin, otherwise the toxin is slightly overneutralized and the resulting development of antitoxin is lessened.

Mixtures made from old stabilized toxin and antitoxin are fairly stable and can be used for a period of one year. Even such preparations are at their best when first sent out as the mixtures slowly tend to become at first neutralized and

Digitized by Google

then slightly antitoxic. This change lessens the immunizing power. The toxin-antitoxin should be kept cool and in a dark place; it is best to use the mixtures within three months of their final preparation.

A toxin-antitoxin mixture of stabilized materials which is safe when it leaves the laboratory, cannot become more toxic on being kept. No serious effects have ever resulted from the injections given to the New York children since we began our work seven years ago.

The Schick test is an extremely reliable means of separating those individuals who have antitoxic immunity from those that have none. Although a simple test, it must be carried out with extreme care and the toxin present must be neither 25 per cent more nor less than the desired amount. It is extremely important to choose glass of suitable chemical composition for the containers in which the toxin is to be placed.

The Schick test is usually omitted in children under three years of age. This is for two reasons: First, that two-thirds of these children require the toxin-antitoxin injections anyway; second, we are not certain whether those that do give the negative reaction are immune because of an unusual persistence of the antitoxin given them by their mothers, or because of the active development of antitoxin in their own bodies.

In practical school work, the first Schick test is frequently omitted in children up to the age of six because it is easier to inject the children at once rather than to delay for the test. At this age the percentage of children requiring immunization is still high and the annoyance from the injections slight. The omission of the preliminary Schick test facilitates the introduction of the immunizing injections in the schools. Above the age of six years, the preliminary Schick test should be made whenever practicable.

No child should be pronounced immune from diphtheria because of having received three immunizing injections of toxin-antitoxin. A negative Schick test is absolutely necessary before one can properly make such a statement or issue a certificate.

The use of the control protein test made with the heated toxin is advisable at all ages when a careful separation of the pseudo negative reaction from the combined positive is important. Like the Schick test it is frequently omitted because of local conditions. The older the child the more likely it is to be immune and to give a confusing protein reaction. In children under five years, the protein reaction seldom confuses the picture if the Schick tests are read on the fourth day; between five and seven years, the control does not help greatly in more than 10 per cent. In older children and adults, the control protein test not only helps us to decide more correctly as to many doubtful reactions but it also indicates with some probability those individuals who are apt to have the marked local and constitutional reactions from the injections.

The toxin-antitoxin injections are inadvisable before the age of six months. During this time most of the infants retain the antitoxin received from their mothers. Up to the age of three months immunizing injections are usually ineffective as the infant tissues do not respond well during this period to the toxin-antitoxin to produce antitoxin. Under usual conditions it is probably safe to wait until the infant is nine months or a year old and then to give the injections at the first suitable occasion. During the first three years there is almost no annoyance from the injections. As the child grows older, the danger from diphtheria gradually lessens and the percentage of those developing local and constitutional reactions slowly increases. When adult life is reached, the danger of infection is almost negligible except under unusual conditions such as those to which a nurse or a physician may be exposed.

There appears to be no difference in the degree of immunity between those

Digitized by Google

individuals who have developed antitoxin from natural causes and those who did so because of the stimulus of the toxin-antitoxin injections.

The only plausible explanation of so-called natural immunity in those who have never contracted diphtheria is that the immunity is due to the stimulus of diphtheria bacilli which have been acquired by the persons as carriers without developing the disease. This explanation seems inadequate to explain many of the known facts such as the presence of antitoxin in the majority of horses and its tendency to appear at a definite age in the children in different families.

The immunizing of school children in acting to prevent their contracting diphtheria also lessens the exposure to infection of the younger children of pre-school age in their families.

It is important to realize that we have in our bodies as a protection against diphtheria not only antitoxin, but bactericidal antibodies for the diphtheria bacilli themselves. Antitoxic immunity is more stable. Recovery from the disease diphtheria is usually due to the development of protective substances other than antitoxin. The latter usually develops some weeks later. Recognizing this fact, we realize why those who have no antitoxin immunity do not necessarily contract diphtheria when exposed to it. There is no way of determining the immunity not due to antitoxin. It is certainly more fluctuating and less reliable than antitoxic immunity.

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 1, 1922.

The death rate of the city during the week just closed was considerably higher than that of the corresponding week of 1921, and the same statement holds for every week of this year as compared with the experience of the corresponding period of time in 1921.

The epidemic of influenza which, beginning about the middle of January and which has prevailed to a considerable extent up to the present time, was the chief factor of this increased mortality. In addition to this the epidemic of measles which showed itself during the first week of the year by a largely increased number of deaths as compared with the corresponding week of 1921, has also played an important part in keeping the mortality at a high notch during the week just closed. There were 40 deaths reported from measles, as compared with 2 deaths in the corresponding week of 1921; the deaths from broncho pneumonia numbered 123, as compared with 81, an increase of 42. The effect of this increased mortality from these two prevailing infections is reflected in the total number of deaths reported during the week—1,534, as compared with 1,379, the rates respectively being 13.71 and 12.51, an increase of 1.20 points, which is equivalent to a relative increase of 134 deaths, taking into consideration the increase in the population. Ten deaths were reported from encephalitis lethargica, as compared with 4; 28 deaths were reported from diphtheria, as compared with 18; 7 deaths from cerebro-spinal meningitis, as compared with 2; 37 deaths from the diarrhoeal diseases under five years of age, as compared with 20; the number of deaths reported from organic heart disease was 311, as compared with 259, an increase of 52 deaths; deaths from lobar pneumonia numbered 114, as compared with 108, an increase of 6 deaths; whooping cough and typhoid fever showed exactly the same mortality as in the corresponding week of 1921. The few causes of death that showed a decrease in the mortality was scarlet fever with 9 deaths, as compared with 24, a decrease of 15; Bright's disease and nephritis, 71, as compared with 77, a decrease of 6, and violence with 88 deaths, as compared with 93, a decrease of 5 deaths.

There were 245 children under one year of age who died during the week, as compared with 179 during the corresponding week of 1921, an increase of 66 deaths. Between 1 and 5 years of age 141 deaths were reported as compared with 99, an increase of 42; at ages 5 to 65 years there were 776 deaths reported, as compared with 819, a decrease of 43; at ages 65 years and over, 372 deaths were reported, as compared with

Digitized by Google

Deaths According to Causes, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1584	1379	801	783	245	74	67	386	68	74	282	492	781
1. Typhoid Fever	2	2	1	1	..	..	..	..	1	..	1	..	..
2. Malarial Fever	1	..	1	..	..	..	..	..	..	..	..	..	1
5. Measles	40	2	23	17	10	16	11	37	3	..	..	..	..
6. Scarlet Fever	9	24	3	6	1	1	6	8	1	..	..	..	..
7. Whooping Cough	7	7	3	4	4	2	1	7	..	..	..	..	..
8. Diphtheria	28	18	16	12	7	7	11	25	3	..	..	..	..
9. Influenza	16	10	7	9	2	1	2	5	1	3	3	4	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	8	7	2	6	2	..	..	2	..	..	..	5	1
13. Pulmonary Tuberculosis	126	127	75	51	1	..	1	2	5	27	42	42	8
14. Tbc. Meningitis	6	3	3	3	2	1	2	5	..	1	..	..	..
15. Other forms Tbc.	7	7	5	2	1	..	..	1	1	2	2	..	1
16. Cancer, Malignant Tumor	97	112	36	61	..	..	..	..	..	1	12	54	30
17. Simple Meningitis	1	2	1	..	..	..	..	..	..	1	..	..	..
17a. Cerebro-spinal Meningitis	7	2	3	4	1	..	1	2	1	2	1	1	..
18. Apoplexy, Softening of the Brain	11	18	5	6	..	..	..	..	..	..	..	3	8
19. Organic Heart Diseases	295	243	137	158	2	..	..	2	11	8	35	91	148
20. Acute Bronchitis	5	10	3	2	.	..	2	2	..	..	..	1	2
21. Chronic Bronchitis	4	8	1	3	1	..	.	1	..	..	..	..	3
22. Lobar Pneumonia	114	108	69	45	12	7	8	27	3	2	26	31	25
22a. Broncho Pneumonia	128	81	70	58	44	26	10	80	3	1	6	13	25
23. Other Respiratory Diseases	12	12	6	6	1	..	1	2	..	..	..	6	4
24. Diseases of the Stomach (Cancer excepted)	8	8	4	4	..	..	..	..	..	..	4	2	2
25. Diarrhoeal Diseases (under 5 years)	37	20	22	15	30	5	2	37	..	..	..	..	..
26. Appendicitis and Typhilitis	18	14	10	8	.	.	1	1	3	..	4	4	1
27. Hernia, Intestinal Obstruction	11	14	7	4	2	..	..	2	..	1	3	..	5
28. Cirrhosis of Liver	10	12	7	3	..	..	..	..	..	..	2	5	3
29. Bright's Disease and Nephritis	71	77	28	43	..	..	..	..	..	2	12	36	21
30. Diseases of Women (not Cancer)	8	8	..	8	..	..	..	..	..	..	5	3	..
31. Puerperal Septicaemia	3	2	..	3	..	..	..	..	..	..	3	..	..
32. Other Puerperal Diseases	14	14	..	14	..	..	..	..	..	2	12	..	..
33. Congenital Debility, and Malformations	89	64	53	36	89	..	..	89	..	..	..	..	..
34. Old Age	5	1	1	4	..	..	..	..	..	..	..	..	5
35. Violent Deaths	70	80	44	26	..	1	6	7	16	9	18	13	7
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	58	70	34	24	..	1	6	7	15	6	10	13	7
c. Homicide	12	10	10	2	..	..	..	..	1	3	8	..	..
36. Suicide	18	18	13	5	..	..	..	..	..	1	5	7	5
*37. All other causes	255	250	142	113	33	5	2	40	11	11	35	91	67
38. Ill-defined causes	3	4	..	3	..	2	..	2	..	..	1	..	..

Deaths in Institutions,	642	Mean temperature,	48.1 deg. Fahr.
Mean barometer,	29.95	Minimum temperature,	32.0 deg. Fahr.
Mean humidity,	75.4	Maximum temperature,	76.0 deg. Fahr.
Precipitation,	1.80	Snow,	Trace

†If the deaths under one month, numbering 97 from all causes, be deducted from the total deaths under one year, the resulting rate will be 58 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 8, Diabetes 28, Alcoholism 5, Locomotor Ataxia 2, Paresis 5, Arterio-sclerosis 72, all other congenital causes 15.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. APRIL 15, 1922. No. 15.

LOW INFANT MORTALITY RATE IN NEW YORK CITY.

The provisional figures for the vital statistics of 1921 of England and Wales have just been issued. These figures show that the infant mortality rate of London, for 1921, was 79. per thousand births, as compared with an infant mortality rate of 71. per thousand births for New York City for the same year. London is the only city in the world that can, or should be, compared with New York City in regard to mortality rates. The large cities of the United States show such a broad contrast with New York City, as regards extent of population and consequent population problems, that adequate comparison of total mortality rates or infant mortality rates is hardly possible. In this connection, it is also interesting to call attention to the infant mortality rates of the ten largest cities of the United States for 1921, as follows:

INFANT MORTALITY RATES OF LARGEST CITIES OF U. S.

	Reported Births.	Deaths Under 1 Year of Age.	Infant Death Rate per 1,000 Births.
Los Angeles	13,655	836	66.13
New York	134,240	9,548	71.1
Cleveland	20,283	1,482	73.1
Boston	19,386	1,495	77.12
Philadelphia	43,434	3,381	77.8
Detroit	27,561	2,304	83.6
Baltimore	18,808	1,597	84.9
Pittsburgh	16,193	1,517	93.6
St. Louis *	16,050	937	61.7
Chicago *	56,543	5,071	89.68

It will be noted that Los Angeles is the only one of the cities in the birth registration area showing a lower infant mortality rate than New York City.

Analysis of the infant mortality rate of New York City is of interest in this connection. The infant mortality rates of the various boroughs of New York City, for the year 1921, were as follows:

* Not in birth registration area.

Digitized by Google

INFANT MORTALITY IN NEW YORK CITY—1921.

	Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City
Births reported	56,470	15,397	49,872	9,671	2,830	134,2
Deaths under one year of age..	4,474	972	3,244	672	186	9,5
Rate per 1,000 births	79.2	63.1	65.0	69.5	65.7	71.

The population of the Borough of The Bronx is 732,016 (1920); the population of the City of Los Angeles is 576,673 (1920). It may be seen, therefore, that that part of New York City that might possibly be taken as comparing with the City of Los Angeles shows a lower infant death rate than Los Angeles. When one considers, however, that Los Angeles does not have to contend with the problems that are constantly confronting New York City, the comparison is even more striking. Overcrowding, tenement house problems, congestion of population, influx of alien races, marked economic changes, and the vast economic questions that are so common in a city like New York are practically unknown in a city like Los Angeles.

Under the circumstances, therefore, it does not seem too much to accord to New York City the honor of having the lowest baby death rate of any of the large cities in this country. The other cities that might possibly be compared with it, such as Philadelphia, Chicago and Detroit, all show distinctly higher infant mortality rates.

The cities of Chicago and St. Louis have not been included in these comparative statistics for the reason that their figures are not accepted by the United States Census Bureau as coming up to the standards of the registration area for births, so their statistics must be taken solely as the expression of their own idea of their infant death rates, not as officially accepted figures.

FINED FOR SELLING INACCURATE CLINICAL THERMOMETERS.

On March 28, last, in the Municipal Term Court, Harry Weksler, of 102 Church St., Manhattan, was fined one hundred dollars by Judge Harris for violation of Section 190 of the Sanitary Code, in that he sold inaccurate clinical thermometers.

CONSERVATIVE PRESCRIBING OF ALCOHOLICS BY PHYSICIANS

The Prohibition Director of New York states that 12,500 physicians of the State holding permits to prescribe alcoholics in 1921, used only 20 per cent of the prescription blanks allowed them, an average of only 76 prescriptions out of the allotment of 40 for the year. This is an eloquent answer to all who had suspicions that physicians would abuse their privilege to prescribe alcoholics.

MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK.

At the next meeting of the Medical Society of the State of New York, in Albany April 18-20, the following is the program of the

Section on Public Health, Hygiene, and Sanitation.

COURT HOUSE, ALBANY, APRIL 18TH, 2.30 P. M.

Joint Session With Section on Medicine.

"The Treatment of Anthrax by the Local and General Administration of Anti-Anthrax Serum," Joseph C. Regan, M.D., New York City (by invitation).

"Sequelae of Encephalitis Lethargica and Their Treatment," Lewellys F. Barker, M.D., Baltimore, Md. (by invitation).

Discussion opened by Michael Osnato, M.D., New York City.

"Serum Treatment of Epidemic Poliomyelitis; a—Communicability; b—Serum Treatment" (lantern slides), Harold L. Amoss, M.D., Baltimore, Md. (by invitation)

Discussion opened by George Draper, M.D., New York City.

Digitized by Google

"The Use of the Schick Test and Diphtheria Toxin-Antitoxin Mixture in New York City Schools," William H. Park, M.D., New York City.

APRIL 19TH, 9.30 A. M.

Session for Health Officers and School Medical Inspectors.

"Mosquito and Malarial Control in Nassau County," Arthur D. Jaques, M.D., Lynbrook.

"Open-Air Care of School Children," Clarence A. Greenleaf, M.D., Olean.

"The Need of Better Co-operation Between the Laboratory and the Practicing Physician," Oliver W. H. Mitchell, M.D., Syracuse (by invitation).

"Rural Health Work from the Standpoint of a City Health Worker," H. A. Harris, M.D., New York City (by invitation).

Demonstration of Schick Test, Lawrence J. Early, M.D., Albany (by invitation). Hour and place to be announced at meeting.

APRIL 19TH, 2.30 P. M.

By-Laws, Chapter IX.

Section 3. The election of officers of sections shall be the first order of business of the afternoon meeting of the second day of each annual session. To participate in the election of any section a member must be registered with such section and must have recorded his name and address in the section registry.

Sssion for Laboratory Workers.

(Program arranged by the New York State Association of Public Health Laboratories.)

"A Comparison of Room, Icebox and Ice Water Bath Temperatures for the Fixation and Complement Test," Hannah V. Langworthy and E. Jane Kerley, Albany (by invitation).

"Production of Antisheep Amboceptor in a Mule," Ruth Gilbert, Albany (by invitation).

"A Summary of the Results of Recent Investigations on Pertussis Vaccine Carried Out at the Bureau of Laboratories, Department of Health, New York City," Charles Krumwiede, M.D., New York City.

"Leptospiras, Pathogenic and Nonpathogenic," Hideyo Noguchi, M.D., New York City (by invitation).

Discussion opened by Augustus B. Wadsworth, M.D., Albany.

"Changes in Virulence of Tubercle Bacilli," Edward R. Baldwin, M.D., Saranac Lake.

Discussion opened by Paul A. Lewis, M.D., Philadelphia (by invitation).

APRIL 20TH, 9.30 A. M.

Round Table Conference for Health Officers, with Discussions Limited to Five Minutes on the Following Subjects:

Periods of isolation in common communicable diseases; are they reasonable? Melville D. Dickinson, M.D., Troy.

Outbreaks of gastro-intestinal disorders; do we know what we should about them? Edward S. Godfrey, Jr., M.D., Albany (by invitation).

Are the Schick test and the toxin-antitoxin immunization measures for general application? Robert Knight, M.D., Seneca Falls.

Recent observations on the value of pertussis vaccine. Speaker to be selected.

Limitations in the use of serum in pneumonia. Thomas Ordway, M.D., Albany (by invitation).

Has the typhoid fever rate reached an irreducible minimum? Edward Clark, M.D., Buffalo.

Digitized by Google

The persistent diphtheria carrier; what shall we do with him? Francis H. Miller, M.D., Cuba.

Protecting a village water supply. Benjamin W. Stearns, M.D., Unadilla.

The nuisance problem in rural communities. Frank L. Winsor, M.D., Laurens.

Legal aspects of the work of the health officer. Charles C. Duryee, M.D., Schenectady.

Does local public health educational work pay? William B. D. Van Auken, M.D., Watervliet.

Prodromal stages of degenerative diseases of adult life. Thomas E. Bullard, M.D., Schuylerville.

How can the program of this Section be improved? Paul von Zierolahofen, M.D., Croghan.

PROPOSED ORDINANCE TO KEEP RECORD OF REMOVALS OF HOUSEHOLDS.

The adoption of an ordinance requiring that persons engaged in moving household effects keep record of the names and addresses of those who employ them has been proposed by a merchants' association of this city. The interest of the Department of Health has been invoked, since it frequently is unable to trace a case of communicable disease which has removed from the address at which it was reported.

Such an ordinance seems, therefore, desirable from the standpoint of disease prevention, and unobjectionable to any law abiding citizen.

MEDICAL ADVICE BY WIRELESS.

American sea captains have not been slow in availing themselves of the medical wireless advice offered by the U. S. Public Health Service. Hospital No. 70 (Hudson Street, New York, reports the arrival at 10 o'clock at night of a message from the steamship "Chester Valley," saying that a man on board was suffering from pain in the abdomen, persistent vomiting, and inability to lie down owing to the pain. The Officer-of-the-Day promptly prescribed treatment, and the next morning the ship wirelessed thanks, saying that the patient was much improved.

MEASLES IN NEW YORK CITY.

Fourth Quarter, 1920 and 1921.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond	City
Population	1920	2281664	747520	2038121	478571	118104	5663980
	1921	2276778	778528	2077674	497627	121252	5751859
Cases reported	1920	408	67	119	46	9	649
	1921	991	96	427	139	84	1737
Deaths reported	1920	12	1	6	0	1	20
	1921	20	..	8	2	..	30
Case fatality	1920	.03	.01	.05	..	.11	.03
	1921	.02	..	.02	.01	..	.02
Cases per 1,000 of population	1920	.71	.36	.23	.38	.30	.45
	1921	1.73	.49	.82	1.11	2.76	1.20
Deaths per 1,000 of population	1920	.02	.005	.01	..	.08	.01
	1921	.0	..	.01	.02	..	.02

Digitized by Google

DEATH OF DR. HENRY L. LYNAH.

Dr. Henry L. Lynah, who for over 20 years was connected with the Department of Health, died at the home of his father in Charleston, S. C., on March 31st last.

Dr. Lynah was a specialist in nose and throat work, and had the reputation of possessing peculiar skill in removing foreign bodies from the respiratory tract. He was in charge of the treatment of the "chronic tube cases" in the Department.

Dr. Lynah leaves many friends in the Department who will greatly miss him, and it will be extremely difficult to replace his skillful and efficient service in the wards of our hospitals.

The doctor was chairman of the section on eye, ear, nose and throat of the Medical Society of the State of New York. He was also a member of the American Laryngological Association, the American Laryngological, Rhinological and Otological Society, the American Academy of Ophthalmology and Oto-Laryngology, the American Bronchoscopic Society, and the American Medical Association.

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 8, 1922.

The mortality during the week showed a continuation of the comparatively high mortality which has prevailed since the first week of the year. The week just closed is no exception, in fact it was higher than in any of the preceding three weeks. There were 1,619 deaths and a rate of 14.47 recorded during the week, as compared with 1,439 deaths and a rate of 13.24 in the corresponding week of 1921, an increase in the absolute number of deaths of 180. The increase in the death rate was 1.23 points, which is equivalent to a relative increase of 138 deaths, taking into consideration the increase in the population, as compared with last year.

The most important factors in the increase were the exceedingly high mortality from measles, the pneumonias, organic heart diseases and cancer. There were 51 deaths reported from measles, as compared with 3 in the corresponding week of 1921, an increase of 48 deaths. There were 327 deaths from organic heart diseases as compared with 289, an increase of 38 deaths. The deaths from the pneumonias totaled 223, as compared with 173, an increase of 50. There were 119 deaths reported from cancer, as compared with 100, an increase of 19. Pulmonary tuberculosis showed an increase of 7 deaths. All other causes with the exception of the few causes showing a decreased mortality showed an increase of 33 deaths. There were 11 deaths reported from encephalitis lethargica as compared with 7, an increase of 4. The mortality from diphtheria and croup was exactly the same, 27, and that from diarrhoeal diseases of infants was approximately the same as in the corresponding week of last year.

The few causes that showed a decreased mortality were chronic Bright's disease, which showed a decrease of 31; diseases of the nervous system, which showed a decrease of 6, and scarlet fever, which showed a decrease of 11 deaths.

For the first time in many weeks the mortality among infants under one year of age was much below that of the corresponding week of 1921. There were 210 deaths reported at this age group, as compared with 224, a decrease of 14; between the ages one and five, however, there were 175 deaths reported, as compared with 103, an increase of 72 deaths, chiefly due to the prevalence of a severe epidemic of measles; between five and sixty-five years of age 847 deaths were reported, as compared with 808, an increase of 39; at ages sixty-five years and over there were 387 deaths reported, as compared with 304, an increase of 83. It is evident that all age groups except infants under one year of age were adversely affected, as to mortality, during the week.

The death rate for the first 14 weeks of the year was 15.06, as compared with a rate of 13.15 in the corresponding period of 1921, an increase of 1.91 points.

From January 1st to date, 93 infants out of every 1,000 born died, as compared with 81 deaths at this age group in the corresponding period of 1921, an increase of 12 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANESTHESIA.—Taylor, J. S. The history of anesthesia in America. (U. S. Nav. Med. Bull., March, 1922. pp. 461-465)

CONFECTIONERY.—La Wall, C. H. Objectionable forms of penny candies. (Am. J. Pub. Health, April, 1922. pp. 318-320.)

CONSTIPATION.—Heald, G. H. Constipation; cause; prevention, and cure. 1921. 62 p., illus. **616.34H34**

DIPHTHERIA.—Park, W. H. Active immunization against diphtheria with toxin-antitoxin. (N. Y. City, Health Dept. of, Monthly Bull., Feb., 1922. pp. 25-46, tables.)

ENCEPHALITIS.—Sands, I. J. Epidemic encephalitis simulating brain tumor. (Med. Rec., March 25, 1922. pp. 494-498.)

ENCEPHALITIS.—Grossman, Morris. Sequels of acute epidemic encephalitis; a study of ninety-two cases from one to three years after recovery. (A. M. A. Jour., April 1, 1922. pp. 969-962.)

HEALTH.—O'Shea, M. V., and J. H. Kellogg. Building health habits. 1921. 280 p., illus. (Everyday Health Series, book one.) **614 O**

HEALTH.—Wightman, G. S. Shoes and health. (Health, March, 1922. pp. 11-13; 31, illus.)

HEALTH CENTERS.—Knox, J. H. M. What a health center may mean to a community. (Arch. Pediat., March, 1922. pp. 170-179.)

HEALTH EDUCATION.—Routzahn, E. G. and others. Symposium on how to further progress in health education and publicity. (Am. J. Pub. Health, April, 1922. pp. 279-289.)

HEART.—Osborne, O. T. Disturbances of the heart: discussion of the treatment of the heart in its various disorders, with a chapter on blood pressure. 2nd ed., rev and enl. American Medical Association. 1921, 269 p. **616.O**

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Jan. 14	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8
Total deaths	1481	1581	1523	1887	2067	1981	1988	1666	1650	1607	1580	1584	1619
Annual Death Rate	13.23	14.13	13.61	16 41	18.47	17.70	17.76	14.89	14.74	14.36	14.12	13.71	14 47
*Acute Infectious Diseases	45	55	49	58	91	76	71	40	51	86	106	93	101
Pul. Tuberculosis..	117	102	97	126	117	110	115	107	103	108	114	126	129
Influenza	13	15	25	85	128	130	105	54	87	84	23	16	14
Lobar Pneumonia.	149	154	149	218	258	238	235	174	140	126	129	114	114
Broncho Pneum...	101	115	128	178	210	208	208	176	154	127	130	122	109
**Violent Deaths ...	67	59	63	82	77	65	77	77	78	72	93	70	82
Deaths under 1 year.	196	208	217	242	300	247	287	233	221	264	213	245	210
Rates per 1,000 births	76.8	80.9	84.8	94.5	116.9	96.5	112 2	91.1	86.5	103.4	83.6	96.2	82.7
Deaths under 5 years	298	323	331	395	477	445	455	388	368	391	332	336	335
" 5-65 years ..	793	852	849	998	1068	1029	1048	889	865	847	828	776	847
" 65 years and over	390	406	343	444	522	507	485	389	417	369	370	372	387

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	206	238	258	234	297	195	208	255	287	256	205	293	280
Diphtheria	230	260	236	285	295	192	199	221	230	268	272	302	273
Measles	450	621	565	885	982	1124	1825	1499	1665	1842	2019	2052	2590
Scarlet Fever	350	328	375	530	408	337	389	340	453	404	434	421	388
Chickenpox	223	175	208	154	217	127	159	154	154	139	123	177	444
Influenza	57	110	1230	5781	7070	8284	1812	592	310	178	120	99	59
Pneumonias	568	588	643	1190	1749	1411	987	655	574	475	503	545	470
Typhoid Fever	5	3	7	5	2	2	1	7	6	..	8	7	4
Whooping Cough ...	104	87	77	88	109	67	84	96	114	84	82	95	122
Syphilis	319	335	284	288	247	232	12	341	370	346	242	273	284
Gonorrhoea	104	69	99	72	98	88	56	90	95	68	75	77	104
Poliomyelitis	1	..	2	..	1	..	3	1	2	3	2	1	1
Cerebro-spinal Meningitis	5	4	4	11	8	12		2	10	6	9	17	6
Total	2622	2758	3988	9868	11478	7066	5041	4253	4270	4064	4094	4359	5029

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, April 8, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	667	775	787	1018	747	60	15.28	17 80	16 92
The Bronx	732,016	809,536	157	157	161	290	118	9	10.52	10.12	10.38
Brooklyn	2,018,356	2,117,227	468	547	572	978	117	43	11.75	13 48	14 10
Queens	469,042	516,683	91	97	110	139	21	5	9.54	9 79	11.11
Richmond	116,531	124,400	56	48	39	57	2	2	24.10	18.08	16 85
Total	5,620,048	5,839,738	1439	1619	1619	2582	1000	119	18.24	14 47	

*Corrected by redistributing deaths according to borough of residence.

During the first fourteen weeks of this year there were 23,600 deaths, a rate of 15.06 per 1,000 population. During the corresponding weeks of last year there were 20,287 deaths, a rate of 13.15 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	50	51	1	6	1	50	62	13	12	12	6	40	95	188	413	174
The Bronx	7	27	..	2		8	7	3	3	..	1	4	20	30	91	36
Brooklyn	33	21	2	6	14	44	37	8	7	3	2	23	83	148	254	145
Queens	5	8	..	..	..	11	3	3	3	1	..	5	9	15	64	18
Richmond	2	12	..	..	..	1	..	..		..	..	1	3	4	25	14
Total	97	119	3	14	15	114	109	27	25	16	9	73	210	385	847	387

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	89	83.9	6	5.7	5	4	173	42 1	9	2.2	41	9.9
The Bronx	23	79 1	4	18.7		3	36	23.0	4	2 6	8	5.1
Brooklyn	84	88 6	8	8.4	2	5	152	26.1	8	1.9	33	7.8
Queens	11	59.1	2	10.8	..	1	20	19.3	4	3.9	3	2.9
Richmond	3	53.7	..	..	..	..	4	17.5	..	.	2	8.7
City of New York.	210	82.7	20	7.9	7	13	385	84.5	25	2.2	87	7.8

During the first fourteen weeks of this year 3,203 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 2,866 died, a rate of 81. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 4-1-'22	148	117	80	63	102	50	53	46	32	3	..	2	56	..		53	..	559	161	1525
Admitted	42	51	31	19	15	21	33	16	6	4		1	..	..		2	..	24	11	308
Discharged	29	82	34	19	23	5	20	14	14	1	..	..	13	..		20	..	19	10	253
Died	4	9	18	14	1	5	6	5	..	1	..	1	..	..		..	..	..	2	66
Rem'g 4-8-'22	157	127	79	61	93	61	60	43	24	5	..	2	43	..		35	..	564	160	1514
Total treated	190	168	131	94	117	71	86	62	38	7	..	3	56	..	..	55	..	583	172	1833

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1619	1439	863	756	210	94	81	385	69	80	274	434	367
1. Typhoid Fever	1	1	..	1	..	..	..	..	1	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	51	3	27	24	11	22	14	47	4	..	..	..	..
6. Scarlet Fever	8	19	2	6	..	3	2	5	2	..	1	..	..
7. Whooping Cough	11	3	6	5	5	4	2	11	..	..	..	..	..
8. Diphtheria	27	27	11	16	3	8	13	24	3	..	..	..	..
9. Influenza	14	10	9	5	3	..	2	5	..	1	4	3	1
Poliomyelitis	1	..	1	..	..	..	1	1					
12. Other Epidemic Diseases	10	5	6	4			..	4	..	1	1	2	2
13. Pulmonary Tuberculosis	119	112	82	37	1	..	3	4	3	30	55	25	2
14. Tbc. Meningitis	6	9	4	2	..	3	3	6					
15. Other forms Tbc.	9	6	7	2	2	..	..	2	2	..	5	..	..
16. Cancer, Malignant Tumor	119	100	57	62	..	..	2	2	2	..	22	56	37
17. Simple Meningitis	3	2	3	..	1	..	..	1	1	..	1	..	..
17a. Cerebro-spinal Meningitis	3	3	3	..	1	..	..	1	2	..	..	..	.
18. Apoplexy, Softening of the Brain	8	19	6	2	..		..	..	..	..	1	2	5
19. Organic Heart Diseases	319	268	157	162	..	..	3	3	13	5	31	117	150
20. Acute Bronchitis	15	10	10	5	6	2	2	10		..	..	2	3
21. Chronic Bronchitis	1	..	..	1	..	..	..	..	..		..	..	1
22. Lobar Pneumonia	114	91	71	43	11	11	4	26	5	5	29	28	21
22a. Broncho Pneumonia	109	82	57	52	30	23	12	65	3	1	6	12	22
23. Other Respiratory Diseases	12	17	7	5	3	2	1	6	..	2	..	2	2
24. Diseases of the Stomach (Cancer excepted)	10	8	8	2	..	..	..	..	..	..	5	5	..
25. Diarrhoeal Diseases (under 5 years)	25	27	13	12	20	5	..	25		..	..	.	..
26. Appendicitis and Typhilitis	14	23	5	9	..	..	2	2	2	1	4	4	1
27. Hernia, Intestinal Obstruction	19	13	9	10	2	..	1	3	1	..	1	11	3
28. Cirrhosis of Liver	6	7	4	2	..	..	..	..	.	..	1	4	1
29. Bright's Disease and Nephritis	81	112	42	39	..	9 ..	..	..	3	2	12	32	32
30. Diseases of Women (not Cancer)	13	7	..	13		..	..	..	..	1	4	6	2
31. Puerperal Septicaemia	4	8	..	4	..	..	..	..		2	2	..	..
32. Other Puerperal Diseases	16	13	..	16	..	..	..	..		3	13	..	..
33. Congenital Debility, and Malformations	22	97	45	37	31	1	..	32	..	..	..	..	..
34. Old Age	4	1	3	1	.	.	.	..	..	..	..	..	4
35. Violent Deaths	22	65	60	22	..	6	10	16	9	4	21	20	12
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	13	57	53	20	..	6	10	16	9	2	16	18	13
c. Homicide	3	8	7	2	..	..	..	..	..	2	5	2	..
36. Suicide	16	22	11	5	..	..	..	..		2	6	7	1
*37 All other causes	286	242	136	150	26	4	4	34	13	20	49	85	85
38. Ill-defined causes	1	2	1	..	..	..	.	..	..	..	..	1	..

Deaths in Institutions,	736	Mean temperature,	47.0 deg. Fahr.
Mean barometer,	30.02	Minimum temperature,	33.0 deg. Fahr.
Mean humidity,	66.4	Maximum temperature,	74.0 deg. Fahr.
	.31		

eaths under one month, numbering 96 from all causes, be deducted from the total
one year, the resulting rate will be 45 per 1,000 births (weekly average).
deaths from Erysipelas 10, Syphilis 6, Diabetes 30, Alcoholism 8, Locomotor Ataxia
Arterio-sclerosis 85, all other congenital causes 14.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. APRIL 22, 1922. No. 16.

SPRING CLEANING CAMPAIGN.

Proclamation by the Mayor.

"After the winter months a general clean up is always an excellent thing. This year, owing to the shortage of houses, it is doubly necessary and important. So little moving has been done in the last three or four years that a vast quantity of old furniture and useless articles of various kinds have been stored in cellars and attics, and this, in addition to the usual accumulation of rubbish, tends to produce very dangerous and insanitary conditions. Such articles and rubbish offer a breeding place for disease germs, vermin, rats and endless pests, which are a menace to the health and life of the community.

"The Fire Department records prove that 90 per cent of all the fires originate in the cellars or the first story. All of them, except those of incendiary origin, are caused by carelessness and neglect. The first invariably begins in a pile of rubbish or among useless stored articles. All these fires not only destroy valuable property but jeopardize life and limb.

"A general clean up is therefore ordered, which may begin at once, and I do herewith promulgate that the week beginning May 1st, 1922, be especially designated as clean-up week.

"I further order and direct that all the forces of the City be used, such as the Health Department, the Tenement House Department, the Fire Department, the Police Department and the Street Cleaning Department, to fully and completely co-operate with each other by compelling the enforcement of this order, to the end that the authority vested in these departments may be fully exercised to bring about safer and more sanitary conditions in the City. These departments should, furthermore, be directed to bring into court for punishment, those who may be found to be remiss or recalcitrant in complying with this order.

"The fullest co-operation of all civic organizations and of all citizens is urged that the excellent standard of health in our City be maintained, that the number of fires be minimized and that property and life and limb be made safer.

"New York now has the reputation, and rightly as shown by the records of the Department of Health, of being the healthiest large city in the world, and that reputation can only be maintained by your co-operation and by your pride in the health of the City.

Digitized by Google

"I would suggest that occupants of apartments, as well as landlords, effectively clean up within the apartments by the generous application of soap, water and muscular energy, and the use of paint and the paint brush. The application of paint would be a real benefit and improvement in any part of the house.

"As a part of this campaign it is extremely important that, in addition to the general cleaning up, the cellar walls and ceilings, courts and shafts be whitewashed or painted, to improve not only the appearance but to add to the wholesomeness of our living conditions and, to further safeguard life, that fire escapes be painted.

"JOHN F. HYLAN,
"Mayor."

REGULATING THE SALE OF PROPRIETARY MEDICINES IN NEW YORK CITY.

The Division of Patent and Proprietary Medicines of the Bureau of Food and Drugs of the Department of Health, was established with a view of preventing the sale of all preparations for which false, fraudulent, and misleading claims were made. For this end the Division undertook the perusal of all literature accompanying preparations offered for registration and, also, of a number that have not been registered for the reason that they complied with the law by having the name of the active ingredients printed on the label or package. As a consequence, a great number of manufacturers were notified of violations and they, in most cases, revised their labels and literature so as to comply with the law. Others were informed that the preparations which they offered would be analyzed and, if the therapeutic action of the ingredients were not such as could relieve the ailments or diseases for which claims were made, they must withdraw such preparation, or the Department would prosecute, if sold or offered for sale in New York City. A few cases of interest in this connection that came under the supervision of the Division, are as follows:

Two manufacturers offered preparations for registration that were said to be cures for leprosy. On learning the names of some of the active ingredients, this claim was disputed, and one of the manufacturers withdrew his medicine—which was, in our opinion, evidence that he doubted its efficacy himself. The other, however maintained it was a positive cure. Therefore, the application for registration was denied, and the manufacturer notified that he would be prosecuted if he sold it in New York City. Another preparation presented consisted of a bag of clay containing a small amount of free sulphur. This bag, weighing from 2 to 9 pounds, was to be applied hot, in cases of cancer, and other tumors, tuberculosis, appendicitis, and various other diseases. A large number of testimonials were submitted to prove the truth of the claims made for it. The analysis, and literature lauding its virtue, and testimony given before a Federal Judge to the effect that the witnesses had been permanently relieved of cancer and other diseases, was presented to the Patent Medicine Committees of the Department of Health for its opinion. This committee pronounced the claims fraudulent, false, and exaggerated, and recommended prosecution if the preparation was sold or offered for sale in New York City.

CONTROL OF COMMUNICABLE DISEASES.

(From Report of the Committee on Municipal Health Department Practice of the American Public Health Association.)

1. Organization. The control of communicable diseases is carried out in the cities studied either (a) by a distinct bureau devoted specifically to that purpose, (b) by a division in a bureau of medical inspection, dealing also with such problems as infant or school hygiene, or (c) in the smaller cities, by a medical inspector. Actual field work is carried out mainly by physicians in 10 cities, by public-health nurses in

Digitized by Google

20 cities, by sanitary inspectors in 28 cities and by a combination service in the remaining instances.

2. Notification. Typhoid fever, diphtheria, smallpox, scarlet fever, epidemic cerbro-spinal meningitis, and poliomyelitis are reportable in all of the 83 cities. Mumps is not reportable in four cities. Chickenpox is not reportable in two cities, influenza not reportable in five cities, pneumonia not reportable in nine cities, and malaria not reportable in twenty cities. Hookworm disease appears to be reportable in all the Southern cities but four.

3. Investigation and Verification of Cases. Practically all cities report the routine visitation of typhoid fever, diphtheria, smallpox, epidemic cerebro-spinal meningitis and poliomyelitis, conducted in less than half the cities by physicians. Tuberculosis cases are visited in 50 cities, in 40 instances by public-health nurses only.

Smallpox and chickenpox are the only two diseases the diagnoses of which are commonly verified. These are verified in 61 cities out of 75 for smallpox and in 41 cities for chickenpox (often only in adults). Diagnoses of other communicable diseases are in most cases only made upon request of attending physicians.

4. Isolation. The more severe diseases, scarlet fever, diphtheria, and smallpox, are nearly always subjected to absolute isolation, that is, cases are segregated in a separate room with an attendant who has limited contact with the rest of the household. In a second group, including epidemic meningitis and poliomyelitis, we find that most cities report absolute isolation but that a few cities report modified isolation, and still other cities no isolation at all. In typhoid fever, modified isolation is more common than absolute isolation. For other diseases, modified isolation was generally reported.

5. Hospitalization. For the 36 cities reporting the actual number of cases of communicable disease hospitalized, we find that 54 per cent of smallpox cases, 42 per cent of typhoid cases, 36 per cent of epidemic cerebro-spinal meningitis cases, 23 per cent of diphtheria cases, 19 per cent of poliomyelitis cases, and 23 per cent of scarlet fever cases were hospitalized. For mumps and chickenpox the figure falls to 4 per cent; for measles and whooping cough to 3 per cent.

6. Placarding. It appears to be an almost universal practice to placard either the house or in the case of apartment houses, the apartment, for diphtheria, smallpox and scarlet fever. Typhoid fever is reported as placarded in 34 cities.

Measles is placarded in 53 cities.

Mumps is placarded in 22 cities.

Chickenpox is placarded in 38 cities.

Meningitis is placarded in 62 cities.

Poliomyelitis is placarded in 71 cities.

Whooping cough is placarded in 41 cities.

Other diseases are placarded only in rare instances.

7. Isolation Period. The isolation period is terminated in different diseases as follows:

a. Smallpox: Definite time limit* (14-30 days, generally 21 days), 28 cities; recovery or desquamation without time limit, 42 cities; no data, 13 cities.

b. Chickenpox: Time limit (7-21 days, usually 14 days), 38 cities; desquamation, or recovery, 21 cities; no isolation, 10 cities; no data, 14 cities.

c. Scarlet Fever: Time limit (21-42 days, usually 30 days), 72 cities; desquamation or recovery, 8 cities; no data, 3 cities.

d. Diphtheria: Time limit alone, 5 cities; time limit and negative cultures, 26

*Where a time limit is set, cessation of clinical symptoms is also usually assumed.

Digitized by Google

cities; negative cultures without time limit, 50 cities; no data, 3 cities; no culture, 1 city. Time limits vary from 9 to 21 days, usually 14 days. Where culture release is used, with or without a time limit, 3 cities require one negative culture, 65 cities two negatives, 3 cities three negatives, and in 3 cities the number of negative cultures is not stated.

e. Typhoid Fever: Recovery, 37 cities; time limit, 6 cities; cultural release, 16 cities (in one case combined with time limit); no isolation, 20 cities; no data, 4 cities.

f: Epidemic cerebro-spinal meningitis: Time limit (from onset), 32 cities (10-42 days, usually 21 days); recovery, 13 cities; time limit dating from recovery or normal temperature, 7 cities; cultural release, 13 cities; no isolation, 2 cities; no data, 16 cities.

g. Poliomyelitis: Time limit (from onset), 55 cities (14-42 days, usually 21 days); recovery, 10 cities; time limit dating from recovery or normal temperature, 2 cities; no isolation, 2 cities; no date, 14 cities.

h. Measles: Time limit (5-21 days, usually 7 or 14 days), 50 cities; recovery, 6 cities; seven days after rash disappears, 2 cities; no isolation, 7 cities; no data, 9 cities.

i. Mumps: Time limit (9-21 days), 32 cities; recovery, 12 cities; time limit after recovery, 2 cities; no isolation, 18 cities; no data, 19 cities.

j. Whooping Cough: Time limit (14-56 days), 46 cities; recovery, 12 cities; no isolation, 9 cities; no data, 16 cities.

It will be noted that these data relate to the procedure theoretically adopted. In the case of the last diseases mentioned, particularly whooping cough, the actual enforcement of the regulations can occur in only a small minority of cases.

8. Terminal Disinfection. Practice in regard to the treatment of the rooms occupied by patients is indicated in the table below for 82 cities.

9. Control of Contacts. Practice in regard to the control of contacts is indicated in the table below. Typhoid has been omitted from the table as quarantine of contacts is never required; food handlers are, however, restricted in 15 cities, and immunization is advised in 29.

PRACTICE AS REGARDS DISINFECTION.

	Small-pox	Chicken-pox	Scarlet Fever	Diph. theria	Typhoid Fever	Cer. Spinal Menin-gitis	Polio-myelitis	Measles	Tuber-culosis
Per cent of cities employing routine gaseous fumigation — 82 cities	68	2	66	63	7	43	44	4	42
Per cent of cities advising cleansing (with or without fumigation) —69 cities	52	20	51	51	54	44	46	25	46

PRACTICE AS REGARDS QUARANTINE.

	Small-pox	Chicken-pox	Scarlet Fever	Diph-theria†	Cer. Spinal Menin-gitis	Polio-myelitis	Measles	Mumps	Whooping Cough
Quarantine*†	81	7	33	11	22	24	2	3	2
Exclusion from school	..	26	38	18	24	20	28	21	22
Exclusion from school (non-immunes only)	..	11	..	..	..	..	23	9	16
Cultural examination	..	..	..	50	12	..	..	..	..
No restrictions‡	..	36	8	2	25	26	28	50	40
No data	2	8	4	2	10	18	7	..	3

*In the case of smallpox, 1 city reports quarantine only, 17 vaccination or quarantine, 15 vaccination and quarantine, 48 vaccinations only.

†In scarlet fever and rarely in other diseases, quarantine regulation may be relaxed in the case of wage earners.

‡Four or five cities classified report more or less systematic observation of contacts.

MENTAL CLINICS.

The mental clinics listed below are conducted by the State Hospitals and the Psychiatric Institute as an aid in re-establishing paroled and discharged patients in

Digitized by Google

their respective homes and communities and for the benefit of persons suffering with nervous or mental disease or defect.

No fees are charged.

Each clinic is in charge of a specialist who makes diagnosis and gives advice and treatment.

A hospital social worker attends the clinic to give patients needed assistance in adjusting themselves to their environment.

Nervous and retarded school children are examined upon request of parents and advice in regard to special training is given.

Any person who desires a frank interview about his own mental condition or that of a relative or friend is invited to visit the clinic nearest his home.

Physicians, clergymen, social workers, teachers and social agencies are requested to bring or refer cases to the clinic for consultation.

Arrangements have been made for the co-operation of the State Hospital Commission with the State Commission for Mental Defectives in holding clinics for mental and nervous cases in various cities of the state. Such joint clinics that are to be held in New York City are indicated in the accompanying schedules. Special joint clinics with other State Departments are arranged from time to time.

Brooklyn State Hospital.

At hospital, Saturday, 10 to 12 a. m. Attending physician, Dr. David Corcoran.

Brooklyn: Polhemus Memorial Clinic, Long Island College Hospital, Fridays, 2 to 4 p. m. Attending physician, Dr. Arthur E. Soper.

Central Islip State Hospital.

New York City: Dispensary of the University of Bellevue Hospital Medical College, at 26th street and First avenue, Thursdays, 11 a. m. to 1 p. m. and 4 to 7.30 p. m. Attending physicians: Dr. G. W. Mills, Dr. C. L. Vaux, Dr. F. D. Streeter.

Kings Park State Hospital.

Brooklyn: Williamsburgh Hospital, 108 South Third street, Thursdays, 9.30 a. m. to 12 m. and 7 to 9 p. m. Attending physician: Dr. H. A. Steckel.

Manhattan State Hospital.

New York City: Harlem Hospital, Dispensary, 136th street and Lenox avenue, Wednesdays, from 4 to 5 p. m. and from 7 to 8 p. m. Attending physicians: Dr. I. J. Furman, Dr. W. F. Jamison.

New York City: St. Mark's Hospital Dispensary, 11th street and Second avenue, Fridays from 2 to 3 p. m. and from 7 to 8 p. m. Attending physicians: Dr. A. M. Phillips, Dr. M. P. Lonergan.

Psychiatric Institute.

New York: Cornell Medical School, First avenue and 27th street, in conjunction with the State Charities Aid Association, Mondays, Wednesdays and Thursdays, 9 to 11.30 a. m. Attending physicians: Dr. Sanger Brown, II, Dr. John T. MacCurdy, Dr. C. O. Cheney, Dr. George S. Stevenson.

New York: East Harlem Health Center, 345 East 116th street, in conjunction with the State Charities Aid Association, Tuesdays, 10 a. m. to 12 m. Attending physician: Dr. V. C. Branham.

At these clinics patients referred through the State Charities Aid Association are given free advice and treatment. Patients referred from other sources to the Pay Clinic of the Cornell Medical School are also examined. Consultation clinics for patients sent to the Pay Clinic are conducted Tuesday evening, 5.00 to 7.30, by Dr. Sanger Brown II, and Friday evening, 5.00 to 7.30, by Dr. Ralph P. Folsom.

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 15TH, 1922.

There were 1,577 deaths and a rate of 14.09 during the week just closed as compared with 1,388 deaths and a rate of 12.59 during the corresponding week of 1921, an increase of 189 in the absolute number of deaths and 1.50 in the rate, which is equivalent, taking into consideration the increase in population, to an increase of 168 deaths.

There were 53 deaths from measles as compared with 2; 13 deaths from scarlet fever as compared with 15; 27 deaths from diphtheria and croup as compared with 20. The contagious diseases showed an increase of 8 over the previous week. There were 110 deaths reported from cancer as compared with 104; 300 deaths from heart disease as compared with 309; pulmonary tuberculosis 117, as compared with 99; and Bright's disease and nephritis 79 as compared with 89. The influenza deaths showed an increase of 2, the figures being 15 and 17, respectively. The deaths from pneumonia numbered 224 as compared with 177, in the corresponding week of last year.

There were 254 deaths reported of infants under one year of age as compared with 182, an increase of 72 deaths; at the ages five to sixty-five years there were 836 deaths as compared with 800; at sixty-five years of age and over 343 deaths as compared with 314.

From January 1st to date 93 infants under one year of age died out of every 1,000 born as compared with 80 at this age for the corresponding period of last year.

The death rate for the first 15 weeks of this year was 14.99 per 1,000 of the population as compared with 13.11 for the corresponding period of last year.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Jan. 21	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	Apr. 15
Total deaths	1581	1523	1837	2067	1981	1988	1666	1650	1607	1580	1534	1619	15—
Annual Death Rate	14.13	13.61	16 41	18.47	17.70	17.76	14.89	14.74	14.36	14.12	13.71	14 47	14 ·
*Acute Infectious Diseases	55	49	58	91	76	71	40	51	86	106	93	101	110
Pul. Tuberculosis..	102	97	126	117	110	115	107	103	108	114	126	119	117
Influenza	15	25	85	128	130	105	54	87	34	23	16	14	17
Lobar Pneumonia.	154	149	218	258	238	235	174	140	126	129	114	114	126
Broncho Pneum...	115	128	178	210	208	208	176	154	127	130	123	109	98
**Violent Deaths ...	59	63	82	77	65	77	77	78	72	93	70	82	78
Deaths under 1 year.	208	217	242	300	247	287	233	221	264	213	245	210	254
Rates per 1,000 births	80.9	84.8	94.5	116.9	96.5	112.2	91.1	86.5	103.4	83.6	96.2	82.7	100.0
Deaths under 5 years	323	331	395	477	445	455	388	368	391	382	386	385	408
" 5-65 years ..	852	849	998	1068	1029	1048	889	865	847	828	776	847	826
" 65 years and over	406	343	444	522	507	485	389	417	369	370	372	387	343

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	238	258	234	297	195	308	255	287	256	205	293	280	244
Diphtheria	260	236	285	295	192	199	221	230	268	272	302	273	244
Measles	621	565	835	982	1124	1325	1499	1665	1842	2019	2052	2590	2088
Scarlet Fever	323	375	530	408	337	389	340	453	404	434	421	388	354
Chickenpox	175	208	154	217	127	159	154	154	139	123	177	444	110
Influenza	110	1230	5731	7070	3284	1312	592	310	173	120	99	59	42
Pneumonias	533	643	1190	1749	1411	987	655	574	475	503	545	470	449
Typhoid Fever	3	7	5	2	2	1	7	6	..	8	7	4	3
Whooping Cough ...	87	77	88	109	67	84	96	114	84	82	95	122	79
[illegible]	335	284	283	247	232	12	341	370	346	242	273	284	243
.....	69	99	72	93	83	56	90	95	68	75	77	104	82
.....		2	..	1	..	3	1	2	3	2	1	1	1
Meningitis	4	4	11	8	12		2	10	6	9	17	6	6
.....	2758	3988	9368	11478	7066	5041	4253	4270	4064	4094	4359	5020	3868

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, April 15th, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	631	740	723	1081	255	52	14 92	16 99	16 60
The Bronx	732,016	809,536	149	158	157	299	50	10	9 98	10.18	10.12
Brooklyn	2,018,356	2,117,227	449	525	552	900	390	50	11.27	12 94	13 60
Queens	469,042	516,683	97	98	107	208	84	7	10.17	9 90	10 80
Richmond	116,531	124,400	42	56	38	53	23	3	18.07	23.49	16.94
Total	5,620,048	5,839,738	1388	1577	1577	2541	802	122	12.59	14 09	

*Corrected by redistributing deaths according to borough of residence.

During the first fifteen weeks of this year there were 25,177 deaths, a rate of 14.99 per 1,000 population. During the corresponding weeks of last year there were 21,675 deaths, a rate of 13.11 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	57	32	2	8	..	53	54	18	16	7	6	40	119	198	395	147
The Bronx	4	34	1	2	..	10	8	1	1	1	..	6	20	34	83	41
Brooklyn	35	23	..	5	7	47	34	16	16	3	2	20	96	143	260	122
Queens	6	10	..	2	..	12	1	2	2	2	..	3	12	21	54	23
Richmond	3	18	..	..	..	4	1	3	3	..	..	1	7	12	34	10
Total	105	117	3	17	7	126	98	40	38	13	8	70	254	408	826	343

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	106	100 0	11	10.4	7	5	178	43 4	15	3 6	45	11.0
The Bronx	29	99 8	..	..	..	..	48	30.7	1	.6	9	5.8
Brooklyn	99	104 6	16	16 9	1	14	149	35 1	17	4 0	31	7.3
Queens	13	69.6	2	10.7	..	2	21	20 3	2	1 9	5	4.8
Richmond	7	125.3	3	53.7	..	3	12	52.4	3	13.1	2	8 7
City of New York.	254	100.0	32	12 6	8	24	408	36 5	38	3 4	92	8.2

During the first fifteen weeks of this year 3,547 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 3,048 died, a rate of 80. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 4-8-'22	157	127	79	61	93	61	60	48	24	5	..	2	43	..	..	35	..	564	160	1514
Admitted	38	34	57	22	30	16	20	15	9	1	..	2	40	..	..	3	..	20	17	324
Discharged	54	42	58	21	25	12	25	12	2	1	..	2	29	..	..	8	..	26	12	329
Died	2	7	8	2	2	7	2	6	..	1	..	2	..	..	..	..	..	..	4	43
Rem'g 4-15-'22	139	112	70	60	96	58	53	40	31	4	..	..	54	..	..	30	..	558	161	1466
Total treated	196	161	136	83	123	77	80	58	33	6	..	4	83	..	..	38	..	584	177	1838

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1577	1388	832	745	254	88	66	408	70	85	259	412	343
1. Typhoid Fever	2	..	2	..	..	..	..	..	..	..	2	..	
2. Malarial Fever	2	..	1	1	1	..	..	1	..	..	..	1	
5. Measles	53	2	30	23	12	23	14	49	3	..	1	..	
6. Scarlet Fever	18	15	6	7	1	5	4	10	3	..	..	..	..
7. Whooping Cough	12	7	5	7	6	5	1	12	..	..	..	..	
8. Diphtheria	27	20	15	12	5	4	12	21	5		1	..	
9. Influenza	17	15	8	9	3	..	2	5	1	1	5	3	2
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	
12. Other Epidemic Diseases	7	2	3	4	2		..	2	..	..	1	3	1
13. Pulmonary Tuberculosis	117	99	58	59	1	2	1	4	3	33	48	28	1
14. Tbc. Meningitis	14	17	5	9	3	2	5	10	..	1	3	..	..
15. Other forms Tbc.	11	6	7	4	2	..	..	2	..	3	5	1	..
16. Cancer, Malignant Tumor	110	104	61	49	..	..	..	..	..	1	16	54	39
17. Simple Meningitis	7	1	4	3	1	..	..	1	2	1	2	1	..
17a. Cerebro-spinal Meningitis	3	4	2	1	2	1	..	3	..	..	..	..	
18. Apoplexy, Softening of the Brain	9	22	3	6	..		..	..	..	..	..	2	7
19. Organic Heart Diseases	289	285	141	148	..	..	2	2	9	9	34	99	136
20. Acute Bronchitis	7	12	3	4	5	1	1	7		..	..	..	..
21. Chronic Bronchitis	1	1	1	..	..	..	..	..	..		..	..	1
22. Lobar Pneumonia	126	110	75	51	17	10	6	33	5	4	29	35	20
22a. Broncho Pneumonia	98	67	49	49	44	23	5	72	5	2	3	7	9
23. Other Respiratory Diseases	18	14	6	7	4	2	1	7	..	..	..	3	3
24. Diseases of the Stomach (Cancer excepted)	8	12	8	..	..	..	..	..	..	..	2	2	4
25. Diarrhoeal Diseases (under 5 years)	33	22	17	21	32	5	1	38		..	..		..
26. Appendicitis and Typhilitis	26	12	16	10	..		3	3	2	4	11	5	1
27. Hernia, Intestinal Obstruction	8	15	3	5	2	..	..	2	..	..	2	1	3
28. Cirrhosis of Liver	3	10	3	:	..	..	..	.	..	..	1	2	..
29. Bright's Disease and Nephritis	79	89	40	39	1	..	..	1	3	2	9	32	32
30. Diseases of Women (not Cancer)	6	10	..	6		..		..	..	1	2	2	1
31. Puerperal Septicaemia	9	7	..	9	..	..	..	..		2	7		..
32. Other Puerperal Diseases	11	7		11	..	..			..	1	10	..	..
33. Congenital Debility, and Malformations	86	80	47	39	35	..	..	35	1	..	..		..
34. Old Age	5	2	..	5	..	..	..	..	..	..	..	..	5
35. Violent Deaths	78	65	59	19	..	1	3	9	12	3	20	20	9
a. Sunstroke	..	..	..	..	..			..	..	..		..	..
b. Other Accidents	70	62	52	18	..	1	3	9	12	6	14	20	9
c. Homicide	3	3	7	1	..	..	..	..	..	2	6	..	..
36. Suicide	18	20	7	6	..	..	..	..		..	6	4	3
*37. All other causes	266	232	147	119	25	2	..	27	16	11	39	107	66
38. Ill-defined causes	3	2	..	3	..	2		2	..	1	..	..	..

Deaths in Institutions,	712	Mean temperature,	58.3 deg. Fahr.
Mean barometer,	29.59	Minimum temperature,	44.0 deg. Fahr.
Mean humidity,	60.3	Maximum temperature,	86.0 deg. Fahr.
Precipitation,	.72		

†If the deaths under one month, numbering 94 from all causes, be deducted from the total deaths under one year, the resulting rate will be 63 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 6, Diabetes 40, Alcoholism 6, Locomotor Ataxia 1, Paresis 11, Arterio-sclerosis 64, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. APRIL 29, 1922. No. 17.

SUGGESTIONS FOR CLEAN-UP WEEK, MAY 1-6.

Closets, cellars and attics are favorite storehouses for all varieties of articles which are "saved" by the thrifty and careful. Many of these accumulate and become trash. Newspapers, periodicals, personal papers, and various similar inflammable materials, laid aside and forgotten, accumulate and become a fire and health menace.

Cast-off clothing stored for possible need, soon becomes worthless, except as rags. All this sort of material should be gone over and disposed of. What the Salvation Army can't use, or the rag-man won't buy, let the Street Cleaning Department remove.

Nothing is so unsightly as a dirty, litter-strewn back yard or vacant lot. Empty cans, bottles, papers, etc., are not only unsightly when so distributed, but they are actually unsanitary. Clean up yours and urge your friends and neighbors to do likewise.

The Department of Health will provide a poster "Dumping Prohibited," and will notify neighbors not to dump, under penalty of the law, when requested by an agent or owner of a lot that has been cleaned up.

SCHEDULE OF DIPHTHERIA PREVENTION WORK IN THE PUBLIC SCHOOLS, BROOKLYN AND QUEENS.

All Physicians Are Invited to Attend.

April 24, 9 *A. M. to* 12.30 *P. M.*

P. S. 130, Ocean Parkway and Ft. Hamilton Avenue, 3rd Toxin-Antitoxin Injection.
P. S. 46, Union and Henry Streets, Schick Test.
P. S. 1, Van Alston Avenue and 9th Street, Queens, Schick Test.

April 25, 9 *A. M. to* 12.30 *P. M.*

P. S. 182, Dumont and Vermont Avenues, 3rd Toxin-Antitoxin Injection.
P. S. 28, First Avenue, College Point, Schick Test.
P. S. 4, Prospect Street, Queens, Schick Test.
P. S. 78, Maurice Avenue and Winfield Street, Queens, Schick Test.

April 26, 9 *A. M. to* 12.30 *P. M.*

P. S. 3, Hancock Street, near Bedford Avenue, 3rd Toxin-Antitoxin Injection.
P. S. 138, Prospect Place, near Bedford Avenue, 3rd Toxin-Antitoxin Injection.

April 27, 9 *A. M. to* 12.30 *P. M.*

P. S. 22, Java Street, near Manhattan Avenue, 3rd Toxin-Antitoxin Injection.
P. S. 91, East New York and Albany Avenues, 2nd Toxin-Antitoxin Injection.

Digitized by Google

P. S. 1, Van Alston Avenue, Queens, Schick Reading and 1st Toxin-Antitoxin Injection.

April 28, 9 *A. M. to* 12.30 *P. M.*

P. S. 81, Harway and Stryker, 3rd Toxin-Antitoxin Injection.
P. S. 28, First Avenue, College Point, Schick Reading and Toxin-Antitoxin Injection.
P. S. 4, Crescent Street and Prospect Avenue, Schick Reading and 1st Toxin-Antitoxin Injection.
P. S. 78, Carroll Place and Maurice Avenue, Schick Reading and 1st Toxin-Antitoxin Injection.

"MEDICAL RECORD" INCORPORATED WITH THE "NEW YORK MEDICAL JOURNAL."

A great many medical men are sorry that the "Medical Record" is to be discontinued. These include all interested in the progress of medical science and public health work, both on the score of the merit of the Record and its independent journalism. We all know that truth and justice are safest, with the average run of human activities, when a capable opposition is at hand to check intentional falsehood, temper over-zealous and exaggerating propaganda, and prevent the tendency of cliques to pervert or suppress that which is neither of them nor for their interests. The passing of the "Medical Record" from a field in which there are so few remaining is, therefore, a step in an undesirable direction.

One may not mention the Record without complimenting its most capable editor, Dr. Thomas L. Stedman, a man whose learning, culture, and geniality have endeared him to many friends and a host of unknown admirers.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The following is the first section of a Quiz Manual which is being prepared for the use of physicians and nurses of the Department's Bureau of Preventable Disease. It was prepared by the Chief Diagnostician, Dr. William L. Somerset, and is printed here as it may be of considerable interest to general practitioners.

The Exanthemata.

Q. What diseases are included?
A. Smallpox, Chickenpox, Measles, German Measles, Scarlet Fever and Typhus Fever.
Q. What have these diseases in common?
A. An exanthem; an enanthem; periods of incubation and of prodromal symptoms. The exciting cause of each is, undoubtedly, a specific micro-organism.
Q. What is the period of incubation?
A. The time elapsing between the beginning of infection and the appearance of symptoms.
Q. Does the period of incubation necessarily begin with contact of infective agent?
A. No, there may be an indefinite period of "surface" invasion.
Q. Must "surface" invasion invariably be followed, sooner or later, by infection?
A. No.
Q. Is the incubation period, in all cases, of any one of these diseases of identical duration?
A. No, on account of variation in virulence of infective agent and variation in susceptibility of those infected, this period may be longer or shorter, within fairly wide limits.
Q. What is the prodromal period?
A. The time during which symptoms are present previous to appearance of exanthem.
Q. Is this period of identical length in all cases of the same disease?
A. No, but much more closely so than the period of incubation.
Q. May a positive diagnosis of any of the exanthemata be made independently of any evidence of eruption?

Digitized by Google

A. No.
Q. What is the nature of the exanthem?
A. It is an inflammation (a dermatitis) accompanied by a peripheral erythema.
Q. Are both elements always discernible?
A. No, the dermatitis may not progress beyond the stage of congestion. In such cases there is no exudate and the eruption may appear to be an erythema only.
Q. Have the various exanthems any other points of resemblance?
A. Yes, we can safely say that the eruption of any one of the diseases persists for at least 24 hours; never shows an urticarial element; and never shows a distinct line of demarkation betwen eruption and normal skin.
Q. Is it to be inferred from the foregoing that "sine eruptione" cases do not occur?
A. No, but without any evidence of eruption, past or present, a positive diagnosis can not be made.
Q. How may such cases be disposed of from a sanitary standpoint?
A. By subjecting them to all necessary restrictions—as suspects.
Q. What is the enanthem?
A. The eruption on mucus membranes.
Q. When does it appear?
A. During the prodromal period, and it usually persists with, or even after, the exanthem.
Q. In what diseases is the enanthem of great diagnostic importance?
A. Scarlet Fever and Measles.
Q. Is fever always an important onset symptom?
A. No, there are cases of German Measles, Smallpox and Chickenpox without discoverable fever.

MEDICINE AND DISEASE IN RUSSIA.

The following is from an abstract in the Journal of Laboratory and Clinical Medicine, of an article by Dr. Boris Sokolov, Professor of Protozoology at the University of Petrograd, and is quoted as an indication of the grave menace conditions in Russia are to the health of the rest of the world.

"The Soviet medical organization is based upon rigid centralization, under the control of the Department of Public Sanitation and Hygiene, which directs the entire medical work of the country. The development of a bureaucracy has resulted in an extreme laxity in administration. Directors of the hospitals and clinics are members of the Communist Party and usually are political appointees of little or no ability, but having absolute, dictatorial power.

"Scientific work is practically at a standstill. Only a very few medical journals have survived and the laboratories have neither money nor equipment for experimental work. What little research is being carried on has been chiefly in the study of typhus fever.

"The Soviet government appears to have at last assumed a tolerant attitude towards the medical profession. Members of this profession are the only 'intellectuals' whose work has not been entirely interrupted by the Communist Revolution. The medical men have attempted to maintain throughout a neutral attitude in political matters. As a body they are, however, anticommunist. As a result of this neutrality many have been shot by the Reds, and many others by the Whites. Many physicians are still in prison. The doctors have felt it their duty to maintain, in so far as possible, the health of the masses, the majority of whom cannot be held responsible for the Revolution or its consequences. Twenty-five per cent of the profession have left Soviet Russia.

"Physicians have suffered more from epidemic disease than from persecution or civil war. Between November, 1917, and August, 1920, 47 per cent of the medical men in Petrograd died. Sokolov remarks that it would be difficult to find a single

Digitized by Google

doctor or nurse who had not suffered from two or three attacks of continued fever of some form or other. In the spring of 1920 a general improvement in health was noticed. It has been suggested that by this time practically the whole population had been exposed to or infected with the various infectious diseases, and that the entire population was practically immune. Within six months' time the percentage of persons suffering from epidemic diseases decreased from thirty per cent to seven per cent.

"The economic situation is acute. When the Soviet power was first established equalization of wages was instituted, and experienced doctors earned little more than their assistants. As a result many gave up practice and attempted to earn a living along other lines. Later, however, they were recruited by the Government, and given better salaries. Even now the salaries are preposterously low. Assistants to doctors are paid 4,000 roubles per month. A pound of butter costs 5,000 roubles. The bourgeois clientele of prerevolutionary days can no longer afford the services of the physicians. The paying patients now come from the Communist bureaucracy, or are successful speculators. Professor Ov recently charged 100,000 roubles for a small operation performed upon the wife of a leading Communist. This sum is not at all extraordinary. The number of private patients that a physician may have is limited and no doctor may write more than fifty prescriptions for private patients, each month.

"The condition in the hospitals is improving, but even now the staff discipline is lax, and the sick are often ill-treated, while delirious patients have been beaten. The doctors do not have full control and can do little to stop his abuse. The central infirmary at Moscow was found in August, 1920, to be in a state of chaos. There was no isolation, and diagnosis was but superficially made. Cases of typhoid and tuberculosis were to be found in the same ward. There was a shortage of medicine and of surgical apparatus throughout Russia. The hospitals in Petrograd and Moscow still had quinine, aspirine and anaesthetics, but the reserve stock was nearly depleted. Only a few kilograms of chloroform remained in Petrograd, and all of the morphine had been used up. A Salvarsan preparation was being sold, but it was of bad quality. Surgical instruments were running short.

"During the last three years there have been 31,789,230 reported cases of infectious disease in Soviet Russia.

"Some diseases have disappeared, while new ones have made their appearance. Among the former are obesity and chronic catarrhs. Disases common among the middle class, brought about by idleness have to a great extent disappeared. A Petrograd physician states that out of 300 patients only nine were found to be suffering from fatty generation of the heart and of these, five were well-known Communists and the other four were profiteers. A new illness has recently appeared, due to the eating of badly cooked wheat. The symptoms consist of pain in the right side of the abdomen, dizziness, nausea and distaste for food. Tuberculosis is spreading rapidly and widely. Bad food had brought about a general exhaustion and various form of anemia. The general ill health is the most striking phenomenon to any one newly arrived in Russia. Professor Ov states that 30 per cent of women and girls are no longer menstruating because of anemia and undernourishment. A large increase in miscarriages has resulted. Women are terrified at the thought of bearing a child, knowing full well that if born alive the infant will shortly die. The government has abolished open prostitution and has regulated brothels, but there are more prostitutes today than at any time previously.

"Sokolov remarks that the greatest danger of recent Russian history is apparent in the younger generation. 'Parents are overworked and unable to bring up their children properly, the lack of control is having the most serious results; the actual destruction wrought by the revolution is nothing to the appalling moral degeneracy and inality among children, which now stands out as the foremost evil of modern ia. At one hospital, where the number of children suffering from venereal dis-

Digitized by Google

ease used never to be higher than fifteen per cent, sixty per cent are now affected as compared with forty per cent of adults." The children are weak and ailing on account of undernourishment. The new generation is being overcome by eczema, anemia and rickets. The government is now considering nationalization of the children."

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 22, 1922.

The mortality during the week just closed shows a continuance of the difference on the wrong side of the ledger which has prevailed since the first week of the year as compared with the corresponding weeks of the year 1921. Each and every week of this year has so far shown a more or less decided increase in the weekly death rates, sometimes reaching a difference of five points in the rate and at other times reflecting a difference of .09 of a point. For the whole sixteen weeks the increase is measured by 1.8 points.

The two most important factors in this increased mortality have been the prevalence of influenza and a severe type of measles infection. During the week just closed there were 1,445 deaths reported from all causes and a rate of 12.91, as compared with 1,331 deaths and a rate of 12.07, an increase in the absolute number of deaths of 114 and in the rate of .84 of a point, which is equivalent to an increase of 94 deaths, taking into consideration the increase in the population. Happily it appears that the influenza infection has decreased to such a point that the weeks in the near future will probably show not only a decrease from this cause but also from the diseases of the respiratory organs and the chronic organic diseases. On the other hand, the mortality from measles reached the highest point of the year during the week, there having been 56 deaths reported therefrom, as compared with 5 deaths in the corresponding week of 1921. This increase in the mortality from measles was accompanied by an increase in the deaths from broncho pneumonia, there having been 121 deaths from this cause, as compared with 79, an increase of 42. There were 12 deaths reported from encephalitis lethargica, as compared with 2 deaths, an increase of 10. Diphtheria and croup also showed a material increase, there having been 28 deaths reported, as compared with 19, an increase of 9. From January 1st to date there have been 429 deaths reported from diphtheria, as compared with 439 in the corresponding period of 1921, so that we have a reserve of 10 before the mortality from this cause goes above that of last year.

The chronic organic diseases still show material increases. There were 282 deaths reported from organic heart disease, as compared with 247, an increase of 35; 111 deaths from cancer, as compared with 103, an increase of 8, and 82 deaths from Bright's disease, as compared with 77, an increase of 5. The causes that showed material decreases were pulmonary tuberculosis, with a decrease of 21 deaths; scarlet fever, with a decrease of 5 deaths; whooping cough, with a decrease of 7 deaths, and typhoid fever, with a decrease of 4 deaths. Incidentally there were no deaths reported from typhoid fever during the week just closed. There were 75 deaths reported from violence, as compared with 84, a decrease of 9 deaths.

The infant mortality still remains high. There were 224 deaths reported, as compared with 194, an increase of 30. Between one and five years of age there were 170 deaths reported, as compared with 107, an increase of 63 deaths; at sixty-five years and over there were 291 deaths reported, as compared with 273, an increase of 18 deaths; at ages five to sixty-five there was a decrease of 3 deaths reported.

During the first sixteen weeks of the year the death rate was 14.87, as compared with a rate of 13.07 in the corresponding period of 1921, an increase of one and one-half points.

From January 1st to date 93 infants under one year of age died out of every 1,000 born, as compared with 80 deaths during the corresponding period of 1921, an increase of 13 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANEMIA — Hunter. William. "Pernicious anemia" and "septic anemia." (Brit. Med. Jour., March 18, 1922. pp. 421-426.)

DIETETICS.—Kellogg, J. H. The new dietetics, what to eat and how. A guide to scientific feeding in health and disease. 1921. 933 p., tables, illus. **613.2 K29**

EPIDEMICS.—Sharp, W. B., and others. A sore throat epidemic of unusual type. (Jour. Inf. Dis., April, 1922. pp. 372-378, tables.)

HOSPITALS.—Fowler, J. K. The future of the hospitals of London. (March 25, 1922. pp. 567-569.)

INFANT MORTALITY.—Forbes, Duncan. The infantile mortalities of rich and poor. (Lancet, March 4, 1922. pp. 426-427.)

LEAD POISONING.—Goadby, Kenneth. Lead poisoning in industry. (Jour. of State Med., March, 1922. pp. 93-112, tables.)

MOTION PICTURES.—Routzahn, E. G., and others. Symposium on motion pictures. (Am. J. Pub. Health, April, 1922. pp. 269-279.)

NURSES.—Kefauver, C. R. The place of the nurse in industry; guidance in health education. (Trained Nurse, April, 1922 pp. 314-316, illus.)

SHELLFISH.—Bacon, J. E. Sanitation and the shellfish industry. (New Jersey. Health Dept. of, Public Health News. Jan.-Feb., 1922. pp. 35-46, illus.)

SWIMMING POOLS.—Walker, W. F Treatment of swimming pool water with ultraviolet rays. (Am. J. Pub. Health. April, 1922. pp. 320-325, tables, illus.)

TUBERCULOSIS.—Krause, A. K. Relation of tuberculosis in infancy and childhood to tuberculosis in adult life. (Med. Officer, March 11, 1922. pp. 103-104.)

TULAREMIA.—Francis, Edward. Tularemia Fransis, 1921; a new disease of man. (A M. A. Jour., April 8, 1922 pp. 1015-1018.)

VITAMINS.—Sherman, H. C., and S. L. Smith. The vitamins. 1922. 273 p. charts, tables, illus. **641.15Sh8v**

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Jan. 28	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22
Total deaths	1528	1887	2067	1981	1988	1666	1650	1607	1580	1584	1619	1577	1445
Annual Death Rate	18.61	16 41	18.47	17.70	17.76	14 89	14.74	14.86	14.12	18.71	14 47	14.09	12 91
*Acute Infectious Diseases	49	58	91	76	71	40	51	86	106	93	101	110	95
Pul. Tuberculosis..	97	126	117	110	115	107	103	108	114	126	119	117	107
Influenza	25	85	128	180	106	54	37	34	23	16	14	17	9
Lobar Pneumonia.	149	218	258	238	235	174	140	126	129	114	114	126	79
Broncho Pneum..	128	178	210	208	208	176	154	127	130	123	109	98	121
**Violent Deaths ...	63	82	77	65	77	77	78	72	93	70	82	78	62
Deaths under 1 year.	217	242	300	247	287	233	221	264	213	245	210	254	224
Rates per 1,000 births	84.8	94 5	116.9	96.5	112 2	91.1	86.5	103.4	83.6	96 2	82.7	100.0	88 2
Deaths under 5 years	331	395	477	445	455	388	368	391	382	386	385	408	394
" 5-65 years ..	849	998	1068	1029	1048	889	865	847	828	776	847	826	769
" 65 years and over	348	444	522	507	485	389	417	369	370	372	387	343	291

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	258	234	297	195	308	255	287	256	205	293	280	244	278
Diphtheria	236	285	295	192	199	221	230	268	272	302	273	244	270
Measles	565	885	982	1124	1325	1499	1665	1842	2019	2052	2590	2086	2403
Scarlet Fever	375	530	408	337	389	340	458	404	434	421	383	354	275
Chickenpox	208	154	217	127	159	154	154	139	123	177	444	110	139
Influenza	1230	5731	7070	3284	1812	592	310	173	120	99	59	42	25
Pneumonias	643	1190	1749	1411	987	655	574	475	503	545	470	449	372
Typhoid Fever	7	5	2	2	1	7	6	..	8	7	4	3	9
Whooping Cough ...	77	88	109	67	84	96	114	84	82	95	122	79	91
Syphilis	284	233	247	232	12	341	370	346	242	273	284	243	262
Gonorrhoea	99	72	93	83	56	90	95	68	75	77	104	32	139
Poliomyelitis	2	..	1	..	3	1	2	3	2	1	1	1	1
Cerebro-spinal Meningitis	4	11	8	12		2	10	6	9	17	6	6	4
Total	3988	9368	11478	7066	5041	4253	4270	4064	4094	4859	5020	3893	4368

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, April 22, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	636	680	645	1076	360	49	14 57	15 61	14 81
The Bronx	732,016	809,536	156	148	142	306	132	11	10 45	9 54	9 15
Brooklyn	2,018,356	2,117,227	430	486	511	963	275	38	10.80	11 97	12.59
Queens	469,042	516,683	72	94	117	180	34	8	7 55	9.49	11.82
Richmond	116,531	124,400	37	37	30	48	8	4	15.92	15 51	12.58
Total	5,620,048	5,839,738	1331	1445	1445	2573	809	110	12.07	12.91	

*Corrected by redistributing deaths according to borough of residence.

During the first sixteen weeks of this year there were 26,622 deaths, a rate of 14.87 per 1,000 population. During the corresponding weeks of last year there were 23,006 deaths, a rate of 13.07 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	52	50	1	4	..	36	60	20	20	5	2	31	120	201	362	117
The Bronx	5	20	..	3	..	7	11	1	1	1	..	5	20	29	87	32
Brooklyn	31	20	..	1	8	29	48	12	11	5	..	17	74	116	225	115
Queens	4	8	..	..	..	7	5	..	..	2	..	6	6	12	62	20
Richmond	2	9	..	..	..	..	2	1	1	..	..	1	4	6	24	7
Total	94	107	1	9	8	79	121	34	33	13		60	224	394	760	291

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Diarrhoeal Diseases	Under Years of Age: Rate per 1,000 Living	Under Years of Age: Epidemic Diseases	Under Years of Age: Rate per 1,000 Living
Manhattan	105	99.0	14	13.2	13	4	177	43 1	17	4.1	41	9.9
The Bronx	26	89 5	2	6 9		1	40	25.6	•2	1 3	8	5.1
Brooklyn	79	83 5	8	8.4	3	3	152	35 8	13	3.1	29	6.8
Queens	10	53.8	..	..	..		19	18 3	..	..	6	5.8
Richmond	4	71.4	1	17.8	..	1	6	26.2	1	4.3	2	8 7
City of New York.	224	88.2	25	9.8	16	9	394	35 2	33	2.9	86	7 7

During the first sixteen weeks of this year 3,771 infants died, a rate of 93. per 1,000 births. During the corresponding weeks of last year 3,242 died, a rate of 80. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor	Riverside Hospital	Grand Total
Rem'g 4-15-'22.	139	112	70	60	96	58	58	40	31	4	..	..	54	..	8	30	..	558	161	1474
Admitted	36	44	47	34	20	17	24	12	6	..		1		..	10	7	..	16	6	280
Discharged	25	37	49	20	17	18	19	13	7	2	..	..	12	..	1	6	..	17	9	252
Died	2	7	12	6	..	3	5	2	1	..	..		..	..		..	..	2	2	42
Rem'g 4-22-'22.	148	112	56	68	99	54	53	37	29	2		1	42	..	17	31	..	555	156	1460
Total treated	175	156	117	94	116	75	77	52	37	4	..	1	54	..	18	37	..	574	167	1764

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1445	1831	804	641	224	98	72	394	60	68	225	412	288
1. Typhoid Fever	..	4	..	..	..		..	..	..	..	..	..	
2. Malarial Fever	..	..	..	..	..		..	..	..	..	..	..	
5. Measles	56	5	35	21	10	23	20	53	3	..	..		
6. Scarlet Fever	7	12	4	3		2	4	6	1	..	..		..
7. Whooping Cough	3	10	2	1	2	1	..	3	.	..		..	
8. Diphtheria	28	19	13	15	4	8	12	24	4		..	..	
9. Influenza	8	16	6	2	2	..	..	2	1	1	1	3	..
Poliomyelitis	..	1	..	..	..	..	..					..	..
12. Other Epidemic Diseases	9	5	5	4	5			5	..	1	1	2	..
18. Pulmonary Tuberculosis	107	128	64	43	..	..	2	2	2	23	48	27	5
14. Tbc. Meningitis	6	6	4	2	2	..	2	4	2			..	.
15. Other forms Tbc.	14	9	9	5	1	..		1	1	6	2	4	..
16. Cancer, Malignant Tumor	111	103	55	56	..	..	..	..	1	1	18	58	33
17. Simple Meningitis	2	3	1	1	2	..	..	2	..	..	..	..	..
17a. Cerebro-spinal Meningitis	1	2	..	1		..	.	..	..	..	1	..	
18. Apoplexy, Softening of the Brain	8	16	2	6	..	..	..	..		..	1	2	5
19. Organic Heart Diseases	271	229	142	129	2	1	1	4	7	3	31	129	105
20. Acute Bronchitis	8	10	7	1	4	3	..	7		..	..	..	1
21. Chronic Bronchitis	2	1	1	1	..	..	.		..		..	..	2
22. Lobar Pneumonia	79	78	47	32	9	12	5	26	4	4	9	19	17
22a. Broncho Pneumonia	121	79	66	55	43	30	14	87	3	1	6	13	11
23. Other Respiratory Diseases	9	7	5	4	2	2	..	4	..	1	1	2	1
24. Diseases of the Stomach (Cancer excepted)	18	9	12	1	1	..	..	1	.	..	8	4	..
25. Diarrhoeal Diseases (under 5 years)	33	36	21	12	25	8	..	33		..	.	..	..
26. Appendicitis and Typhilitis	10	18	9	1	.	..	..	.	4	1	1	3	1
27. Hernia, Intestinal Obstruction	15	10	9	6	1	2	1	4	1	..	5	3	2
28. Cirrhosis of Liver	5	8	4	1	..	..	..	.		..	1	3	1
29. Bright's Disease and Nephritis	32	77	36	46	..	..	..	..	3	2	13	26	28
30. Diseases of Women (not Cancer)	4	10	..	4		..	1	1		..	1	1	1
31. Puerperal Septicaemia	4	4	..	4	..	..	..	..	..	2	2	..	..
32. Other Puerperal Diseases	13	15	..	13	..	..			.	3	9	1	..
33. Congenital Debility, and Malformations	35	32	55	30	34	..	..	34	1	..	..	..	..
34. Old Age	4	9	2	2	..	..	..	..	..	..	..	..	4
35. Violent Deaths	62	61	46	16	2	..	8	10	10	2	20	17	3
a. Sunstroke	..	..	..	..	..	.		..	..	..	..	..	..
b. Other Accidents	60	58	45	15	2	..	8	10	10	2	19	16	3
c. Homicide	2	3	1	1	..	..	..	..	..	..	1	1	..
36. Suicide	13	23	11	2	..	..		..	..	..	7	3	3
*37. All other causes	249	220	129	120	23	5	2	30	12	12	37	91	67
38. Ill-defined causes	3	6	2	1	..	1	.	1	..	..	2	..	..

Deaths in Institutions,	631	Mean temperature,	49.0 deg. Fahr.
Mean barometer,	29.99	Minimum temperature,	32.0 deg. Fahr.
Mean humidity,	56.8	Maximum temperature,	72.0 deg. Fahr.
Precipitation,	.40		

†If the deaths under one month, numbering 87 from all causes, be deducted from the total deaths under one year, the resulting rate will be 64 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 12, Diabetes 32, Alcoholism 2, Locomotor Ataxia 4, Paresis 3, Arterio-sclerosis 72, all other congenital causes 16.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MAY 6, 1922. No. 18.

PHYSICIAN FINED FOR ISSUING AN IMPROPER SCHOOL CERTIFICATE.

It was with regret that the Department of Health, recently, took action against a physician who issued school certificates to two children, one of whom had been reported to the Department, but two days previously, as suffering from scarlet fever. The second certificate was given to a brother who had been exposed to the case. The certificates stated that "they may return to school without any menace to other children."

The patient, who, as stated, had been reported to be suffering from scarlet fever a few days before, presented herself at school with the doctor's certificate recommending her admission. She showed signs of a fairly recent attack of scarlet fever. Her re-admission to school would, of course, have been a grave menace to the other children.

The doctor pleaded in his defense that the patient was a charity case, and that he had been merely over-zealous in his desire to assist the family in having quarantine terminated, and accelerating the re-admission to school of the patient, and of the other child who had been excluded from school.

It is obvious that, whatever the motive, physicians who issue certificates recommending the re-admission to school of children who are suffering with communicable disease, fail to appreciate the large measure of responsibility which devolves upon them as physicians, in that they must serve as a first line of defense in preventing the spread of communicable disease.

It is in no vindictive spirit that the Department takes action against physicians who thoughtlessly or deliberately violate its rules, and endanger the public health. Instances of violation of rules and regulations, while not very numerous, occur, however, all too frequently. The case of this physician, who escaped with a fine of but twenty-five dollars, is cited merely to emphasize the justification for the appeals which have so frequently been made by the Department to physicians for their co-operation in protecting the public health. Evidence comes to us, time and again, that physicians are often moved by a desire to spare families the inconveniences of quarantine and isolation, or that they fear to incur the displeasure of parents who regard quarantine as if it were merely the exercise of wilful severity,

Digitized by Google

and are thus led to a violation of our rules and regulations, ignoring the fact that they are endangering the public health.

Parents, and physicians as well, forget that many thousands of deaths, and cases of permanent disability following communicable diseases among children and adults, have been prevented only by a decent and honest compliance with the reasonable requirements of the Department. We take no pleasure in imposing the hardships of quarantine. In doing so we have in mind only the good of the community; and the private physicians are, or should be, our chief allies and helpers in making the procedure effective. Just in proportion as they report all cases of communicable disease, promptly, and assist us by word of mouth, and by giving definite instructions and advice to parents and to patients on how to prevent the spread of such diseases, they earn the respect and gratitude of the community, and of their confreres in the Department of Health.

FOODHANDLER EXAMINATION CARDS.

All practicing physicians are notified to address their applications for foodhandler's examination cards to 505 Pearl Street instead of to 128 Prince Street, as the office for the issuance of such cards has been removed thereto.

ST. JOHN'S GUILD PROGRAM FOR 1922.

St. John's Guild will open Seaside Hospital for Children at New Dorp, Staten Island, on May 8, next, for a preliminary four weeks' season for the care of convalescent children. The regular season will open June 5. Seaside Hospital accommodates three hundred patients, and special clinics will be conducted for the care of children suffering from the following conditions: Cardiac disease; malnutrition; chorea; cervical adenitis; nose and throat disease; defective teeth, and conditions requiring surgical dressings.

Babies will be given special milk formulas, and mother's milk when indicated.

The Nose and Throat Department can take care of a large number of children needing tonsillectomy, and give them the necessary convalescent care to guard against returning them to the city before they are physically fit.

The Fresh Air Section of the work will be done on the Floating Hospital, which accommodates, comfortably, about one thousand mothers with children. There, the Guild is prepared to care for about forty sick babies needing night and day medical supervision. Patients in the fresh air group are permitted to return as often as they can do so during the hot weather, and the nurses on board encourage the mothers who have sick children to avail themselves of this opportunity.

Apply to Social Service Department, St. John's Guild, 103 Park Avenue. Telephone, Murray Hill, 7027.

AN INTERESTING CASE OF HUMAN ANTHRAX.

ient, T. G., male, 65 years of age, occupation laborer (mixing concrete). d to Kingston Avenue Hospital, February 11, 1922, and died February . Diagnosis: Cutaneous anthrax, followed by anthrax septicaemia.

Digitized by Google

Personal history was practically negative, except for chronic bronchitis and injury to head about eighteen years ago, for which he was laid up for four weeks.

Fatal illness began February 10, 1922. Patient was working the entire day, did not feel sick and did not notice any swelling on his neck. When he came home in the evening and washed his face, his daughter noticed a swelling on the right side of his neck and called the attention of the patient to it, but he disregarded it, saying that he did not feel any pain and thought it might be due to his teeth. When he went to bed that night he was not feverish, did not have any chills, but could not sleep and was restless. In the morning of February 11, he noticed that the swelling had become larger, presenting a small reddish area on the neck with a yellow spot in the center. He did not feel sick and went to work. He did not work, however, but waited for his pay. He was sent to a doctor from the place of work, and the latter prescribed icthyol ointment. By the afternoon, the swelling extended from the neck to the chest, but the patient did not feel ill. Another doctor was called in the evening. This physician thought it might be anthrax, and called the Department of Health diagnostician, who sent patient to the Kingston Avenue Hospital.

On admission, the patient was apparently not very seriously ill. Complained of no pain at the site of the lesion. Physical examination of throat showed a congested fauces and pharynx; no exudate. On the right side of the neck, at the anterior border of trapezius, and about 3 inches below the inferior maxilla, there was a lesion, practically not at all elevated above the surrounding skin, consisting of 10 to 12 minute yellowish vesicles located on an inflamed base. The lesion was not very sensitive to touch and had no areola. In all respects but one it was entirely unlike an anthrax lesion. This characteristic was the extensive soft edema which showed itself at the anterior portion of the neck under angle of jaw, on both sides, the left as much as the right, and filled in the supraclavicular fossae, causing the skin on both sides to lie in folds. This edema extended down on the chest to the fifth rib. There was an almost erysipelas-like redness extending downward from the neck to the mid-thoracic region.

Examination showed lungs negative, heart sounds feeble, liver, not palpable, abdomen and extremities negative.

Cultures from lesion showed the anthrax bacillus and a staphylococcus; cultures from the blood, the anthrax bacillus only.

Physician's orders and treatment included the following: Schick test, vaccination (smallpox); urine to laboratory; blood count; wet dressing of chlorozene to lesion; tinct. digitalis, eight minims every six hours; whiskey, five drams every three hours; sodium citrate, 20 grains, and sodium bicarbonate, 10 grains, every six hours; Adrenalin chlorid, fifteen minims every four hours; anthrax serum, 100 c.c., given with saline, intravenously also injected around the area of lesion. The patient experienced a chill at the end of the intravenous injection. Appeared cyanosed and was covered with cold perspiration, pulse imperceptible. Applied hot blankets and gave adrenalin subcutaneously. Reaction followed, and later the same day, February 12, 100 c.c. of the serum in saline was injected. Profuse perspiration immediately followed the injection of the serum, and four hours later the patient became very ill with severe headache, vomiting, dyspnoea, stridor, cold, clammy extremities; pulse was thready and hardly perceptible. Heart sounds were inaudible, due to emphysematous chest and edema which extended to nipple, below, and up to ear and over mastoid, above. Blood count showed a leucocytosis of 14000 (polynuclears, 78%, lymphocytes, 22%).

On the morning of February 13, the patient's condition was very poor, breath-

Digitized by Google

ing very difficult, pulse imperceptible, at times, body cool and moist, face cyanosed. He died at 9.20 A. M.

Shaving brush used: The patient shaved himself, last, on February 8 with a brush that he had been using for three months. He used to cut himself while shaving. The last time he went to a barber shop was on February 4, to get a hair cut. The brush and articles of apparel that were used by the deceased were burned up on February 8, by his family, so that the source of his infection could not, definitely, be traced.

YAWS AND THE SUPPOSED ORIGIN OF SYPHILIS.

Owing to the extensive prevalence of what has been supposed to have been syphilis among the followers of Columbus who settled in Hispaniola (Haiti) and extensive and severe epidemics of a similar affection which developed in various parts of Europe shortly after returned colonists could have carried the infection thereto, many have believed that syphilis originated in America.

In this connection, an article by Moss and Bigelow (Bul. Johns Hopkins' Hospital, February, 1922) supplies interesting facts as regards the extreme frequency of Yaws among the present population of the same island. As Yaws was formerly confounded with syphilis, and, according to the above mentioned authors, is most frequently acquired through an abrasion on the lower extremities among the inhabitants of Haiti, it seems rather probable that this was the malady which afflicted the Spanish colonists. Of course this supposition depends upon the permanence of the accepted belief that the two diseases are caused by different spirochaetes. Over 90% of all cases of Yaws are said to be capable of cure by a single injection of arsphenamin.

THE NEW ENGLAND HEALTH INSTITUTE.

Over three hundred persons have already registered for the New England Health Institute to be held in Hartford, May 1-6. In addition, the Massachusetts Association of Boards of Health has decided to substitute two days of the Institute's program for its regular spring meeting.

This indicates that the institute promises to be the largest gathering of the kind ever held in New England and it is felt that it is an unusual opportunity for the health officers and health workers in New England—particularly for those of Connecticut.

It will not be a convention, but a School of Public Health, and health officers can attend in their official capacity, which will make their expenses payable as a regular expense of the health officer. This Institute was proposed by the U. S. Public Health Service, the State Boards of Health of New England, and is endorsed and assisted by Yale and Harvard Medical Schools.

VACCINATION HISTORIES OF SMALLPOX CASES.

The following table gives the vaccination histories of smallpox patients as reported to the Public Health Service by the State health officers. This information was furnished by eight States.

The total number of cases for which the histories were given was 22,944, of 3.5 per cent. had never been successfully vaccinated; 4.6 per cent. had been ed more than 7 years preceding the attack; 1.8 per cent. had been vac-

Digitized by Google

cinated within 7 years of the attack; and in 30.1 per cent. of the cases the vaccination status was not obtained or was uncertain.

Vaccination History of Smallpox Cases, 1921.

State	New cases reported.	Deaths.	Vaccination history of cases. Number vaccinated within 7 years preceding attack.	Number last vaccinated more than 7 years preceding attack.	Number never successfully vaccinated.	Vaccination history not obtained or uncertain.
California	5,554	.....	48	339	5,115	52
Florida	1,361	.....	22	22	461	851
Kansas	4,627	.....	118	154	1,982	2,373
Massachusetts	37	.....	2	13	17	5
Minnesota	9,177	.....	179	464	5,077	3,457
Montana	1,474	.....	6	35	1,416	17
New Mexico	110	.....	9	1	55	45
New York	604	.....	20	35	443	106
Total	22,944	.....	409	1,063	14,566	6,906

MORTALITY BULLETIN FOR THE WEEK ENDING APRIL 29, 1922.

The death rate of the City continues to remain much higher than the experience of 1921. Every week so far of this year has shown an increased mortality as compared with every corresponding week in the year 1921.

The causes for this increased mortality have been the prevalence of severe types of influenza and measles, one affecting the persons of forty-five years of age and over and the other, children between one and five years. The effect of the influenza infection is shown in the increased number of deaths from organic heart diseases, Bright's disease and nephritis as well as every chronic organic disease. There were 50 more deaths from the heart and kidney infection than in the corresponding week of the year 1921. The lobar and broncho pneumonias showed an increase of 32 deaths. On the other hand, measles showed an exceedingly high mortality of 58 deaths during the week just closed as compared with 6 deaths, an increase of 52; encephalitis lethargica was credited with 10 deaths as compared with 4, an increase of 6; to diphtheria was attributed 30 deaths as compared with 23, an increase of 7; scarlet fever showed a decrease of 7 deaths; whooping cough 3 deaths and typhoid fever 1 death. Cerebro-spinal meningitis showed a decrease of 2 deaths. The mortality from cancer was approximately the same as in the corresponding week of 1921. Pulmonary tuberculosis showed a decrease of 7 deaths.

Viewed from the point of age grouping, there were 206 deaths reported of infants under one year of age as compared with 208, a decrease of 2 deaths; between five and fifteen there was a decrease of 16 deaths; between fifteen and twenty-five, a decrease of 3 deaths. The age groups showing increased mortalities were as follows: Between one and five years of age, an increase of 66 deaths; between twenty-five and forty-five, an increase of 16 deaths; between forty-five and sixty-five, an increase of 107 deaths, and at sixty-five years of age and over, an increase of 8 deaths.

The death rate for the first 17 weeks of the year was 14.78 per 1,000 of the population as compared with a rate of 12.98 in the corresponding period of 1921, an increase of 1.8 points.

From January 1st to date there were reported 92 deaths of infants under one year of age out of every 1,000 born as compared with 80 deaths at this age group in the corresponding period of 1921, an increase of 12 deaths out of every 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ARTHRITIS.—Billings, Frank, and others. Chronic infectious arthritis; statistical report, with end-results. (A. M. A. Jour., April 1, 1922. pp. 1097-1105, tables.)

FEEBLEMINDED.—Sadler, W. S. Race decadence: an examination of the causes of racial degeneracy in the United States. 1922. 421 p., illus. **614Salr**

INFLUENZA.—Simey, A. I., and John W. H. Eyre. The restriction of influenza epidemics in schools by the use of "local" prophylactic vaccines. (Brit. Med. Jour., March 18, 1922. pp. 433-434.)

JAUNDICE.—Wadsworth, A., and others. Infectious jaundice occurring in New York State. (A. M. A. Jour., April 1, 1922. pp. 1120-1121.)

JAUNDICE.—Williams, Huntingan. Epidemic jaundice; report of a local outbreak at Cooperstown, N. Y., during a state-wide epidemic. (N. Y. State J. M., April, 1922. pp. 15-155, tables.)

JUVENILE COURTS.—Goldblatt, M. E. The history of juvenile court laws in New York State. (Jour. Delinquency, Jan., 1922. pp. 24-42, tables.)

LEAD POISONING.—Sharpe, N. C. Report on an investigation to determine the hazard to the health of operators using the spraying machine for painting: the risk of lead poisoning. (Jour. Ind. Hyg. April, 1922. pp. 378-386.)

PHYSICAL EXAMINATION.—Dreyer, G. and G. F. Hanson. The assessment of physical fitness, by correlation of vital capacity and certain measurements of the body. Hoeber, 1921. 127 p. **614 D82**

SCARLET FEVER.—Young, W. Bruce. Prolonged infection in scarlet fever. (Public Health [London], March, 1922. pp. 151-153.)

SCHOOLS, MEDICAL INSPECTION.—Dimon, J. W. Efficiency in corrective treatment in school medical inspection. (N. Y. State J. M., April, 1922. pp. 180-188.)

SEWAGE DISPOSAL.—Macpherson, W. G. The disposal of latrine contents, with special reference to immediate incineration. (Public Health [London], March, 1922. pp. 143-149.)

TUBERCULOSIS.—Knopf, S. A. The present day tuberculosis problem in Europe and in the United States. (Medical Record, April 22, 1922. pp. 651-655.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Feb. 4	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	Apr. 29
Total deaths	1837	2067	1981	1988	1666	1650	1607	1580	1534	1619	1577	1445	1508
Annual Death Rate	16.41	18.47	17.70	17.76	14.89	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13.43
*Acute Infectious Diseases	58	91	76	71	40	51	86	106	93	101	110	95	102
Pul. Tuberculosis..	126	117	110	115	107	108	108	114	126	119	117	107	106
Influenza	85	128	130	105	54	87	84	23	16	14	17	8	11
Lobar Pneumonia.	218	258	238	235	174	140	126	129	114	114	126	79	82
Broncho Pneum...	178	210	208	208	176	154	127	130	123	109	98	121	82
**Violent Deaths ...	82	77	65	77	77	78	72	93	70	82	78	62	64
Deaths under 1 year.	242	300	247	287	233	221	264	218	245	210	254	234	206
Rates per 1,000 births	94.5	116.9	96.5	112.2	91.1	86.5	103.4	83.6	96.2	82.7	100.0	88.2	81.4
Deaths under 5 years	396	477	445	455	388	368	391	382	386	385	408	394	362
" 5-65 years ..	998	1068	1029	1048	889	865	847	828	776	847	826	760	822
" 65 years and over	444	522	507	485	389	417	369	370	372	387	343	291	319

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	234	297	195	308	255	287	256	205	293	280	244	278	211
Diphtheria	285	295	192	199	221	230	268	272	302	273	244	270	289
Measles	835	982	1124	1325	1499	1665	1842	2019	2052	2590	2086	2408	2128
Scarlet Fever	530	408	337	389	340	453	404	434	421	383	354	275	328
Chickenpox	154	217	127	159	154	154	139	123	177	444	110	139	221
Influenza	5781	7070	3284	1812	592	310	178	120	99	59	42	25	29
Pneumonias	1190	1749	1411	987	655	574	475	503	545	470	449	372	372
Typhoid Fever	5	2	2	1	7	6	..	8	7	4	3	9	8
g Cough ...	88	109	67	84	96	114	84	82	95	122	79	91	84
.....	233	247	232	12	341	370	346	242	273	284	243	362	307
ea	72	93	83	56	90	95	68	75	77	104	32	139	86
itis	..	1	..	8	1	2	8	2	1	1	1	1	2
nal Meningitis	11	8	12		2	10	6	9	17	6	6	4	6
.....	9368	11478	7066	5041	4253	4270	4064	4094	4359	5020	3893	4368	

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, April 29, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	644	686	652	1074	794	47	14 76	15.75	14 97
The Bronx	732,016	809,536	136	157	156	258	46	14	9.11	10.12	10.06
Brooklyn	2,018,356	2,117,227	423	506	532	818	240	36	10.62	12 47	13 11
Queens	469,042	516,683	89	111	125	147	38	11	9.33	11 21	12 62
Richmond	116,581	124,400	35	43	38	52	21	2	15.06	18.03	15.94
Total	5,620,048	5,839,738	1327	1503	1503	2349	1139	110	12.04	13.43	

*Corrected by redistributing deaths according to borough of residence.

During the first seventeen weeks of this year there were 28,125 deaths, a rate of 14.78 per 1,000 population. During the corresponding weeks of last year there were 24,383 deaths, a rate of 12.98 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	58	40	2	1	..	34	44	18	18	9	3	38	94	174	387	125
The Bronx	4	18	..	3	..	7	12	1	1	..	..	1	27	36	86	35
Brooklyn	33	24	..	5	3	34	18	10	7	5	..	16	66	124	260	122
Queens	3	11	..	2	..	6	8	2	2	1	..	2	14	20	64	27
Richmond	2	9	..	..	..	1	..	2	2	..	..	4	5	8	25	10
Total	100	102	2	11	3	82	82	33	30	15	3	61	206	362	822	319

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under Years of Age: All Causes	Under Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	90	85.1	11	10.4	7	5	162	39.5	16	3.9	46	11.2
The Bronx	28	96 6	1	8.4	..	1	41	26.2	1	.6	5	3.2
Brooklyn	68	72 2	6	6.4	1	5	128	30.2	8	1.9	32	7.6
Queens	15	80.6	2	10.7	..	1	23	22.2	3	2.9	..	..
Richmond	5	89 2	2	35.8	..	2	8	35.0	2	8.7	2	8.7
City of New York.	206	81.4	22	8.7	8	14	362	32.4	30	2.7	85	7.6

During the first seventeen weeks of this year 3,977 infants died, a rate of 92. per 1,000 births. During the corresponding weeks of last year 3,450 died, a rate of 80. er 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 4-22-'22.	148	112	56	68	99	54	58	37	29	2	..	1	42	..	17	31	..	555	156	1460
Admitted	27	50	64	25	8	19	21	9	4	1	..	..	6	..	28	2	..	13	21	299
Discharged ..	30	41	47	17	25	4	18	8	5	2	..	..	21	..	1	12	..	17	9	257
Died	1	11	11	5	2	6	4	1	..	..	..	..	..	..	1	..	..	1	1	44
Rem'g 4-29-'22.	144	110	62	72	80	63	52	37	28	1	..	1	27	..	43	21	..	550	167	1458
Total treated	175	162	120	94	107	73	74	46	33	3	..	1	48	..	45	33	..	568	177	1759

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and over
All causes	1508	1327	792	711	206	88	68	362	58	76	237	451	324
1. Typhoid Fever	..	1	..	..	..	..	..	.	..	..	..	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	58	6	28	30	9	27	15	51	7	..	..	..	
6. Scarlet Fever	5	12	2	3	.	..	3	3	2	..	..	..	..
7. Whooping Cough	7	10	5	2	3	2	1	6	1	..	..	..	..
8. Diphtheria	30	23	17	13	4	9	12	25	5	..	..	..	..
9. Influenza	11	14	6	5	..	2	..	2	.	1	1	4	3
Poliomyelitis	1	..	1	..	..	..	..	..	1	..	..	..	..
12. Other Epidemic Diseases	12	9	7	5	7		..	7	..	..	3	1	1
13. Pulmonary Tuberculosis	102	109	67	35	1	1	..	2	1	12	54	25	9
14. Tbc. Meningitis	11	6	5	6	3	1	2	6	1	2	2	..	..
15. Other forms Tbc.	9	17	6	3	1	..	2	3	1	3	1	1	.
16. Cancer, Malignant Tumor	123	124	53	70	..	..	..	..	..	..	14	70	39
17. Simple Meningitis	2	4	..	2	1	..	..	1	..	..	..	1	..
17a. Cerebro-spinal Meningitis	2	4	1	1	..	1	..	1	..	1	..	..	.
18. Apoplexy, Softening of the Brain	11	17	4	7	..	..	..	..	..	..	..	6	5
19. Organic Heart Diseases	296	256	143	153	..	..	1	1	6	6	30	132	121
20. Acute Bronchitis	3	11	2	1	3	..	..	3	..	..	..	..	..
21. Chronic Bronchitis	2	2	1	1	..	..	..	..	..	..	..	2	
22. Lobar Pneumonia	82	74	50	32	10	11	3	24	4	5	18	23	8
22a. Broncho Pneumonia	82	58	36	46	23	21	12	56	2	3	1	10	10
23. Other Respiratory Diseases	9	7	5	4	3	1	..	4	..	..	3	2	..
24. Diseases of the Stomach (Cancer excepted)	6	7	..	5	1	1	..	2	..	..	1	2	..
25. Diarrhoeal Diseases (under 5 years)	30	33	15	15	22	6	2	30	..	..	..	..	..
26. Appendicitis and Typhilitis	16	27	10	6	.		..	..	4	1	7	4	..
27. Hernia, Intestinal Obstruction	13	11	8	5	2	..	..	2	..	..	1	6	4
28. Cirrhosis of Liver	9	3	9	..	..	..	..	..	..	..	1	5	3
29. Bright's Disease and Nephritis	85	82	42	43	..	..	..	..	1	5	8	36	35
30. Diseases of Women (not Cancer)	5	11	..	5		..	..	..	..	..	2	2	1
31. Puerperal Septicaemia	8	5	..	8	..	..	..	..	..	4	4	..	
32. Other Puerperal Diseases	13	7	..	13	..	..	..	..	..	4	9	..	
33. Congenital Debility, and Malformations	87	80	50	37	37	..	..	37	..	..	..	..	..
34. Old Age	4	3	1	3	..	..	..	..	..	..	..	..	4
35. Violent Deaths	64	63	51	13	..	..	5	5	8	10	17	19	5
a. Sunstroke	..	..	..	..	..	..	.	..	..	..	..	..	..
b. Other Accidents	61	58	48	13	..	..	5	5	8	8	17	18	5
c. Homicide	3	5	3	..	..	..	..	..	..	2	..	1	..
36. Suicide	15	13	13	2	..	..	..	..	..	2	6	4	3
*37. All other causes	288	210	152	136	26	4	9	39	13	17	54	96	69
38. Ill-defined causes	3	8	2	1	..	1	1	2	1	..	..	..	

Deaths in Institutions,	643	Mean temperature,	52.3 deg. Fahr.
Mean barometer,	29.99	Minimum temperature,	38.0 deg. Fahr.
Mean humidity,	37.0	Maximum temperature,	76.0 deg. Fahr.
Precipitation,	Trace		

†If the deaths under one month, numbering 93 from all causes, be deducted from the total deaths under one year, the resulting rate will be 45. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 11, Syphilis 10, Diabetes 26, Alcoholism 10, Locomotor Ataxia 1, Paresis 6, Arterio-sclerosis 73, all other congenital causes 13.

25a-2022-22-0℃
Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MAY 13, 1922. No. 19.

FILING OF CERTIFICATES OF BIRTH WITH THE DEPARTMENT OF HEALTH.

Recently, it has been called to our attention that there is an impression prevalent among physicians and midwives that the mailing of certificates of birth to the Department of Health strictly complies with the statute which requires physicians and midwives to file a report in each and every case of birth, within ten days. The law at present reads: "It shall also be the duty of physicians and professional midwives to keep a registry of the several births in which they have assisted professionally, which shall contain, as near as can be ascertained, the time of such birth, name, sex, and color of the child, the names, residence, birthplace and age of the parents, occupation of the father and maiden name of the mother, and file a report of the same within ten days with the Department of Health."

The mailing of a certificate of birth to the Department of Health carries with it the responsibility of ascertaining if the certificate has been received by the Department. For the past twelve years, the Department of Health has sent to each physician or midwife a postal acknowledgment of the receipt of each certificate. In the event of an acknowledgment postal receipt not being received by the person mailing the certificate, he or she should ascertain from the Department why a receipt was not forwarded. The following is the language employed by Justice Laughlin of the Appellate Division of the Supreme Court, in regard to the filing of certificates of birth, in an opinion given in 1904, at which time the law read "to make a report." The law has been amended, and made even stronger as it at present requires the physician or midwife to *file* a report:

> "I am of the opinion that the Legislature intended to make it the duty of a physician not only to make out and keep a register of the births he has attended professionally, but also to see to it that a copy of the entry in such register concerning a birth reaches the Department of Health within ten days. Of course, it is not necessary that he should present it in person. He may employ the mails, or any agency, for the purpose of transmission; but in that event he must, by inquiry or otherwise, ascertain that it has reached its proper destination within the time prescribed therefor by the statute. The language employed is fairly susceptible of this construction, and the efficiency of the statute requires it. The construction given in the prevailing opinion opens the door to collusion and corruption, and will render the law ineffectual. Physical or mental inability to comply with the law would

Digitized by Google

doubtless be a defense to a prosecution for the penalty; but in the absence of such disability it was clearly competent for the Legislature to require an individual practicing a profession requiring a license to perform, as a condition of his right to practice his profession, an act manifestly justified by public policy, and essential to the enforcement of the criminal laws and to the establishment, preservation, and enforcement of personal and property rights. This construction of the statutes relating to the filing of certificates of births, marriages, and deaths will not impose an onerous burden upon the practitioner who wishes to comply with the law. If he sends the certificate through the mail, or otherwise than by a personal delivery, he may readily ascertain by telephonic communication whether it has been received, and there should be no difficulty in having an understanding with the Department of Health that the receipt of such certificate will be timely acknowledged. The reputable, careful practitioner will take pride in observing the law. The penalty was only necessary to compel compliance by the disreputable and negligent members of the profession. It is no reflection on the medical profession, the great body of whom are conscientious upright citizens, to say that in it as in all other professions there are unfortunately some who could, for a sufficient consideration, be induced to omit filing a certificate of death, marriage or birth. The construction I have indicated will remove this temptation, and will naturally insure the accuracy and completeness of the official records."

SCHEDULE OF DIPHTHERIA PREVENTION WORK IN THE PUBLIC SCHOOLS.

MANHATTAN AND THE BRONX.

All Physicians Are Invited to Attend.

Monday, May 15, 9 *a. m. to* 12.00 *m.*

P. S. 86, Lexington Ave. and 96th St.—Schick Test.
P. S. 23, Mulberry and Bayard Sts.—Schick Test.
P. S. 165, 109th St. west of Amsterdam Ave.—2nd Toxin-Antitoxin Injection.

Tuesday, May 16, 9 *a. m. to* 12.00 *m.*

P. S. 22, Stanton and Sheriff Sts.—Schick Test.
P. S. 109, 99th St. east of Third Ave.—Schick Test.
P. S. 151, 91st St. and First Ave.—Schick Test.

Wednesday, May 17, 9 *a. m. to* 12.00 *m.*

P. S. 121, 102d St. east of Third Ave.—Schick Test.
P. S. 179, 102d St. east of Amsterdam Ave.—2nd Toxin-Antitoxin Injection.
P. S. 59, 57th St. east of Third Ave.—2nd Toxin-Antitoxin Injection.
P. S. 55, St. Paul's Place and Washington Ave.—3rd Toxin-Antitoxin Injection.

Thursday, May 18, 9 *a. m. to* 12.00 *m.*

P. S. 86, Lexington Ave. and 96th St.—Schick Reading and Toxin-Antitoxin Injection.
P. S. 23, Mulberry and Bayard Sts.—Schick Reading and Toxin-Antitoxin Injection.
P. S. 114, Oliver and James Sts.—2nd Toxin-Antitoxin Injection.

Friday, May 19, 9 *a. m. to* 12.00 *m.*

P. S. 22, Stanton and Sheriff Sts.—Schick Reading and Toxin-Antitoxin Injection.
P. S. 109, 99th St. east of Third Ave.—Schick Reading and Toxin-Antitoxin Injection.
P. S. 151, 91st St. and First Ave.—Schick Reading and Toxin-Antitoxin Injection.

TERMINAL CULTURES IN DIPHTHERIA.

Physicians are reminded that, before cases of diphtheria will be released from quarantine, two sets of cultures from nose and throat, twenty-four hours apart, taken after the 12 day minimum period, must be *negative*. Cultures reported "no growth" or "contaminated," will not be considered "negative," and when such reports are received other cultures should be immediately taken and forwarded.

Digitized by Google

A PROTEST AGAINST THE PROPOSED TARIFF ON TOOTH BRUSHES.

DEPARTMENT OF HEALTH

New York City, May 1, 1922.

"To the Hon. Porter McCumber,
Chairman Finance Committee,
United States Senate,
Washington, D. C.

"My dear Senator:—There is before the Finance Committee a bill relative to placing a duty on tooth brushes and, in behalf of the public health of not only New York City but this great country, we desire to have the duty on tooth brushes kept as it is today for the following reasons:

"1. The financial interest of a few manufacturers is of less importance than is the health of our people. We are informed that there are less than a dozen manufacturers of tooth brushes in this country, that of the tooth brushes used in this country the vast majority are imported. The imported tooth brushes meet the needs in quality and price of the vast majority of our citizens.

"2. The income of our Government from any increase from the tariff on tooth brushes will be indeed very small, but the cost to cities, states and the country at large through illness incident to such unhygienic practice as not to use a tooth brush is almost beyond calculation. The Departments of Health throughout this country, especially in our states and large cities are spending many thousands of dollars in their effort to educate the people relative to the prevention of disease through personal cleanliness. It would be strange indeed, after doing this, for our Government to increase the cost of the very articles necessary for the maintenance of clean and healthy mouths.

"We, therefore, ask you to carefully consider this matter which affects so closely public health before any action is taken by your honorable committee.

"Very truly yours,

"ROYAL S. COPELAND, M. D.,
"Commissioner."

NARCOTIC DRUGS COMMITTEE REPORTS FINDINGS.

The Committee on Narcotic Drugs made the following report to the Medical Society of the State of New York at its last annual meeting:

"To the House of Delegates: In submitting our report on Drug Addiction Control, we have studied the various reports and investigations which have been made. Their wide difference emphasizes the difficulty in coming to any practical conclusions.

"This has shown itself in the alcohol question, where similar difficulties have manifested themselves despite laws, rigid in character, which have been passed but have failed to accomplish their object.

"We must endeavor to approach drug addiction with the hope of ameliorating conditions rather than expecting to end them. The education of the public to an understanding of its influence in destroying character and citizenship, and especially its influence on the more or less mentally defective, should be emphasized.

"We should, however, not exaggerate the present conditions. Sentimentalism must be avoided. Drug addiction has always been with us. The world's present unsettled social condition has increased the evil. The vast increase of crime the country over is otherwise difficult to understand. Unemployment, restlessness after a long interruption

Digitized by Google

from the usual routine of work and home life, the desire for pleasure, a reaction after abnormal excitement produced by the World War, are all factors. The same conditions apply to drug addiction.

"The influence of the drug addict on the community, as a whole, is small. The private addict conceals his infirmity; does not try to spread the habit except, perhaps, in a very limited circle. The social addict is in a class by himself, is avoided by the public and finds friends only in his own class.

"There should be, therefore, a classification of the habitual users of narcotic drugs:

"(1) Those who require narcotic drugs for the treatment of disease.

"(2) Addicts who are weak, unstable or defective, and use narcotic drugs as the result of an acquired habit.

"Under this head will fall a large proportion of the criminal class.

"Your committee does not consider drug addiction as a disease entity but rather as a habit similar to the excessive use of any other stimulant or sedative, as coffee, tobacco, etc. The question is the character of the stimulant or sedative used by the habitue. Functional disturbances of the internal organs follow acute excesses or prolonged use of these drugs. These conditions can be cured, but the fundamental psychopathic state is not cured by cutting off the drug, hence a relapse to the former habit when opportunity offers.

"Your Committee has not taken up the question of any special method of treatment as that depends on the individual cases and also on the skill and experience of the physician in attendance. A thorough examination of every case should be made which should include the mental condition as shown by his heredity, previous history, etc.

"Your Committee approves the Harrison Law and agrees with the recommendations of the American Medical Association Narcotic Committee of 1921 that a large amount of the monies derived from its administration be employed in carrying it out.

"The report of the Special Committee on Narcotic Drugs issued by the Council on Health and Public Instruction of the American Medical Association seems to cover the general aspect of drug addiction.

"It is not the object of this Committee to relate again what has already been fully reported, nor have we, with the limited time that has been at our disposal and the absence of necessary funds for investigation, taken up the question of any governmental policy.

"Your Committee considers that defectives and criminals addicted to drugs should be under proper state or county custodial care as long as the authorities may deem advisable. Private sanitoria are also necessary, subject to the same rules and regulations as are at present observed. We agree with what seems to be the opinion of a majority of physicians that so-called ambulatory treatment has proved ineffectual in the cure of addicts.

"The question of the importation, manufacture and exportation of narcotic drugs the Committee has not considered within its province. The Federal Government should be responsible for this division of the subject.

"The Committee further recommends the restriction of the manufacture of heroin as unnecessary in the practice of medicine.

"Respectfully submitted:

EDWARD D. FISHER (Chairman)
EDWARD B. ANGELL,
EDWARD A. SHARP,
WALTER TIMME,

Committee.

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 6, 1922.

The story of the high mortality during the week just closed is a continuance of the experience during each and every week from January 1st to date, when comparison is made with the mortality of the corresponding week and weeks of the same period in 1921.

The highest weekly mortality from measles was reached during the week just closed, there having been 61 deaths reported from this cause, as compared with 3 deaths in the corresponding week of 1921. An increase from this most contagious of all diseases affecting childhood is always followed by an increase in the deaths from the respiratory diseases, especially broncho pneumonia, which totaled 114 deaths during the week, as compared with 52 deaths, an increase of 62. Diphtheria also showed a heavy increase in the mortality, there having been 34 deaths reported, as compared with 16, an increase of 18 deaths. Lobar pneumonia was credited with 101 deaths, as compared with 78, an increase of 23. It will be remembered that the year 1921 was the year in which the lowest mortalities from the various infectious diseases were recorded during the history of the city, and, so far, the results of the comparison of the years 1921 and 1922 have worked to the disadvantage of the present year. It is not surprising, therefore, to see that the total number of deaths occurring during the week, 1,508, is far and away above the 1,307 deaths in the corresponding week of 1921, an increase of 201 deaths, with an increase in the rate of 1.62, which is equivalent to a relative increase of 181 deaths.

This increased mortality is to be found in every age group, except under one year of age, and between fifteen and twenty-five years of age. At one year of age there was a slight decrease in the mortality, 197 deaths having been reported, as compared with 200, and at fifteen to twenty-five years of age, 65 deaths were reported, as compared with 81, both comparatively small decreases. Measles played havoc with the mortality of children between one and five years of age. In the week just closed there were 111 deaths reported, as compared with 33 deaths, an increase of 78 deaths; that is to say the mortality during this single year of life during the week just closed was three and one-half times that of the corresponding week of 1921. At two years of age and under five there were 74 deaths reported, as compared with 34, an increase of 40 deaths. At five to fifteen years of age there were 66 deaths reported, as compared with 58, an increase of 8; at twenty-five to forty-five years of age there were 272 deaths reported, as compared with 224, an increase of 48; between forty-five and sixty-five years of age there were 403 deaths reported, as compared with 362, an increase of 41 deaths; and at sixty-five years of age and over there were 320 deaths reported, as compared with 315, an increase of 5 deaths.

The few causes of death that showed a decreased mortality were scarlet fever, with 5 deaths, as compared with 12; whooping cough, 4 deaths, as compared with 9. The same number of deaths—2—were reported from typhoid fever during the week, as compared with the corresponding week of 1921. The organic heart and kidney diseases showed an increase of 5 deaths; violence showed an increase of 15 deaths. There was one death reported from smallpox, the first one in many years, and this one death might well be distributed to Denver, Colo. The deceased came from Denver and when here a few days began to show indefinite symptoms and it was not until the appearance of a typical eruption on the fourth day of the illness that the diagnosis of smallpox was made.

The death rate during the first 18 weeks of the year was 14.71 per 1,000 of the population, as compared with a rate of 12.92 in the corresponding period of 1921, an increase of 1.79.

From January 1st to date 92 infants under one year of age died out of every 1,000 born, an exceedingly high record as compared with 80 deaths per 1,000 births that occurred in the corresponding period of the previous year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BOTULISM.—Whiteman, R. T., and E. A. Wilkinson. Outbreak of botulism at Cambridge, Idaho. (A. M. A. Jour., April 29, 1922. pp. 1278-1279).

CHEMISTRY.—Chittenden, R. H. Research in chemistry as related to medicine. (A. M. A. Jour., April 29, 1922. pp. 1274-1278).

CHILD HYGIENE.—Maccarthy, E. H. The healthy child from two to seven; a handbook for parents, nurses and workers for child welfare. N. Y. MacMillan. 1922. 235 p. 613.99M13

CHILD HYGIENE.—U. S. Children's Bureau. Child care and child welfare, outlines for study; separate No. 1. The hygiene of maternity and childhood. 1921. 321 p. (Bureau Publication No. 90.) 613.99 Un3hm

CREMATION.—Knopf, S. A. Cremation versus burial—a plea for more sanitary and more economical disposition of our dead. (Am. J. Pub. Health, May, 1922. pp. 389-400).

MIDWIVES.—Ziegler, C. E. How can we best solve the midwifery problem. (Am. J. Pub. Health, May, 1922. pp. 405-413)

PHYSICAL DEFECTS.—Clark, T. Correcting physical defects in school children. (U. S. Public Health Service, Public Health Reports. April 21, 1922. pp. 929-945, tables).

PUBLIC HEALTH.—City Club of Portland. Public health methods and their application in Portland, a preliminary study of the Public Health Bureau, Feb., 1922. 40 pp. 614.09P8

SCARLET FEVER.—Neff, F. C. Scarlet fever immunization. (Arch. Pediat., April, 1922. pp. 250-254).

WASSERMANN REACTION.—Wallenstein, Sydney. The interpretation of the Wassermann reaction. (N. Y. Med. Jour. and Med. Rec., May 3, 1922. pp. 514-515.)

WHOOPING COUGH—Holmes, S. J. The mortality of the two sexes in the first year of life, with special reference to whooping cough. (Am. J. Pub. Health, May, 1922. pp. 378-381, tables).

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Feb. 11	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6
Total deaths	2067	1981	1988	1666	1650	1607	1580	1534	1619	1577	1445	1503	1501
Annual Death Rate	18.47	17.70	17.76	14.89	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13.43	13.47
*Acute Infectious Diseases	91	76	71	40	51	86	106	93	101	110	95	102	112
Pul. Tuberculosis..	117	110	116	107	103	108	114	126	119	117	107	102	105
Influenza	128	130	105	54	87	84	28	16	14	17	8	11	7
Lobar Pneumonia.	258	238	235	174	140	126	129	114	114	126	79	82	101
Broncho Pneum...	210	208	208	176	154	127	130	123	109	98	121	82	114
**Violent Deaths ...	77	65	77	77	78	72	93	70	82	78	62	64	82
Deaths under 1 year.	300	247	287	283	221	264	218	245	210	254	224	206	197
Rates per 1,000 births	116.9	96.5	112.2	91.1	86.5	103.4	88.6	96.2	82.7	100.0	88.2	81.4	78.0
Deaths under 5 years	477	445	455	388	368	391	382	386	385	408	394	362	382
" 5-65 years ..	1068	1029	1048	889	865	847	828	776	847	826	760	822	806
" 65 years and over	522	507	485	389	417	369	370	372	387	343	291	319	330

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	297	195	308	255	287	256	205	293	280	244	278	211	260
Diphtheria	295	192	199	221	280	268	272	302	278	244	270	289	229
Measles	982	1124	1325	1499	1665	1842	2019	2062	2590	2086	2402	2128	2214
Scarlet Fever	408	337	389	340	458	404	434	421	383	354	375	328	359
Chickenpox	217	127	159	154	154	139	123	177	444	1 0	139	221	113
Influenza	7070	8284	1312	592	310	178	120	99	59	42	25	29	25
Pneumonias	1749	1411	987	655	574	475	508	545	470	449	372	372	339
Typhoid Fever	2	2	1	7	6	..	8	7	4	3	9	8	5
Whooping Cough ...	109	67	84	96	114	84	82	95	122	79	91	94	98
Syphilis	247	282	12	341	370	346	242	278	284	248	362	307	317
Gonorrhoea	93	88	56	90	95	68	75	77	104	82	139	86	133
Poliomyelitis	1	..	3	1	2	3	2	1	1	1	1	2	1
Cerebro-spinal Meningitis	8	12		2	10	6	9	17	6	6	4	6	6
Total	11478	7066	5041	42 3	4270	4064	4094	4359	5020	3893	4368	408	4170

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, May 6, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	597	702	674	944	488	49	13 68	16 12	15 48
The Bronx	782,016	809,536	181	147	147	306	103	20	12.13	9 48	9.48
Brooklyn	2,018,356	2,117,227	410	523	544	847	267	43	10.30	12 89	13 41
Queens	469,042	516,683	84	106	117	144	117	11	8.81	10 70	11.82
Richmond	116,531	124,400	35	30	26	44	14	9	15.06	12 58	10 90
Total	5,620,048	5,839,738	1307	1508	1508	2285	989	132	11.85	13 47	

*Corrected by redistributing deaths according to borough of residence.

During the first eighteen weeks of this year there were 29,633 deaths, a rate of 14.71 per 1,000 population. During the corresponding weeks of last year there were 25,640 deaths, a rate of 12.92 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	52	46	2	2	..	43	64	15	14	9	3	33	84	181	369	152
The Bronx	6	18	2	1	1	15	14	..	..	..	..	6	15	26	85	36
Brooklyn	38	22	1	4	4	42	28	13	12	4	2	26	82	148	270	105
Queens	6	15	..	..	1	1	6	1	1	2	1	10	12	20	64	22
Richmond	2	4	..	..	..	..	2	..	..	1	..	1	4	7	18	5
Total	104	105	5	7	6	101	114	29	27	16	6	76	197	382	806	320

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	79	74 9	10	9.5	5	6	164	40 0	18	8.2	40	9.7
The Bronx	16	55.2	..	...			33	21.1		...	11	7.0
Brooklyn	88	83 2	9	9.6	1	7	154	26 8	18	8 1	35	8.8
Queens	15	81.8	1	5.4	..	1	24	23 2	1	1.6	6	5 8
Richmond	4	71.7	..	...	..	..	7	30.6	..	...	2	8.7
City of New York.	197	78.0	20	7 9	6	14	382	34 2	27	2.4	94	8 4

During the first eighteen weeks of this year 4,174 infants died, a rate of 92. per 1,000 births. During the corresponding weeks of last year 3,650 died, a rate of 80. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Totals
Rem'g 4-29-'22.	144	110	63	71	90	63	52	37	28	1	..	1	27	..	43	20	..	550	167	1457
Admitted	36	48	53	17	13	21	15	13	4	1	1	..	1	..		1	..	21	12	258
Discharged ..	36	38	26	14	5	11	11	14	5	..	..	..	10	..	1	..	..	15	10	196
Died	8	12	6	2	..	7	6	3	1	..	..	..		..		..	..		4	44
Rem'g 5-6-'22..	141	108	84	72	88	66	50	33	26	2	1	2	18	..	42	21	..	556	165	1475
Total treated	180	158	116	88	98	84	67	50	32	2	1	2	28		43	21		571	179	1715

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1508	1807	806	702	197	111	74	382	66	65	272	408	270
1. Typhoid Fever	2	2	1	1			..			1	1	.	
2. Smallpox	1	..	..	1	..		..				1		
5. Measles	61	8	30	31	9	35	15	59	2		..		..
6. Scarlet Fever	5	12	2	3	.	1	1	2	1	2	..		..
7. Whooping Cough	4	9	3	1	3	1		4	..			..	
8. Diphtheria	34	16	20	14	2	9	18	29	5			..	
9. Influenza	7	10	2	5	1	1		2			4	..	1
Poliomyelitis	..	..	..	..			..	..	..		..	..	
12. Other Epidemic Diseases	6	9	1	5	2			2	..	..	3	..	1
18. Pulmonary Tuberculosis	105	110	66	39	1	1	2	4	..	19	51	29	2
14. Tbc. Meningitis	8	8	7	1	1	1	3	5	2		1		
15. Other forms Tbc.	9	10	7	2		1	..	1	..	4	1	3	
16. Cancer, Malignant Tumor	111	117	38	73	..	..	..	..	1	1	20	54	35
17. Simple Meningitis	3	2	1	2	..	..	1	1	1	..	1	..	
17a. Cerebro-spinal Meningitis	5	2	2	3	1	1	1	3	1	1	..		
18. Apoplexy, Softening of the Brain	8	24	3	5	..		..	..		..	..	4	4
19. Organic Heart Diseases	274	240	143	131	1	1	..	2	7	4	26	117	118
20. Acute Bronchitis	6	5	5	1	3	2	..	5		..			1
21. Chronic Bronchitis	1	2	1	.	.	.	.	.	..		..		1
22. Lobar Pneumonia	101	78	56	45	10	10	3	23	6	3	27	20	22
22a. Broncho Pneumonia	114	52	69	45	36	28	10	74	9	2	6	12	11
23. Other Respiratory Diseases	16	9	9	7	3	2	1	6	1	2	1	3	3
24. Diseases of the Stomach (Cancer excepted)	8	10	5	3	..	..	.	..			4	2	2
25. Diarrhoeal Diseases (under 5 years)	27	30	14	13	20	5	2	27					
26. Appendicitis and Typhilitis	18	14	11	7		1	1	2	1	3	7	5	..
27. Hernia, Intestinal Obstruction	18	21	12	1	1	..	..	1	1	1	3	3	4
28. Cirrhosis of Liver	7	6	3	4	..	..	..	..	..	..	..	5	2
29. Bright's Disease and Nephritis	75	100	36	39	..	..	..	..	3	2	13	23	29
30. Diseases of Women (not Cancer)	7	4	..	7		.	..	..	..		5	2	.
31. Puerperal Septicaemia	5	3		5	..	..	.	..	..	..	5		
32. Other Puerperal Diseases	11	9		11	..	..		..	..	3	8	..	
33. Congenital Debility, and Malformations	78	89	44	34	75	2	1	78	..	..	..		
34. Old Age	10	4	3	7	..		..	..	..	..		1	9
35. Violent Deaths	82	68	58	24	..	2	10	12	14	4	25	16	11
a. Sunstroke			..	..	..			..	..	..	..		
b. Other Accidents	76	57	54	22		2	10	12	14	3	22	14	11
c. Homicide	6	11	4	2	..	..	..	..	..	..	1	3	2	..
36. Suicide	16	15	10	6	..	..	..	..	..	1	7	8	.
*37. All other causes	265	211	142	123	28	7	4	39	11	12	49	91	63
38. Ill-defined causes	5	3	2	3	..	..	1	1	..	..	3	..	1

Deaths in Institutions,	696	Mean temperature,	68.4 deg. Fahr.
Mean barometer,	29.90	Minimum temperature,	44.0 deg. Fahr.
Mean humidity,	63.7	Maximum temperature,	78.0 deg. Fahr.
Precipitation,	2.30		

†If the deaths under one month, numbering 90 from all causes, be deducted from the total deaths under one year, the resulting rate will be 42 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 6, Diabetes 38, Alcoholism 7, Locomotor Ataxia Paresis 2, Arterio-sclerosis 71, all other congenital causes 14.

Digitized by Google

25a-2022-22-O'C

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MAY 20, 1922. No. 20.

PHYSICIANS WHO PERMIT PATIENTS TO VIOLATE QUARANTINE ARE LEGALLY RESPONSIBLE.

In a number of instances, recently, physicians have permitted patients, suffering from an acute communicable disease, to leave their premises and thus to violate quarantine, before the Department of Health had given authorization. As a consequence, relatively heavy fines have been imposed upon several such physicians.

The excuse made, that the physicians were not acquainted with the rules and regulations, could not be accepted, as it is obvious that every medical man should be familiar with the requirements of the Sanitary Code. Moreover, the scientific facts on which the rules and regulations of quarantine are based should, of themselves, restrain physicians from contenancing and encouraging violations of it. A physician who encourages a patient, suffering from an acute communicable disease, to leave an apartment, or who fails to enter his protest, and to protect himself by reporting any contemplated or actual violation to the Department has, by his indifference or failure to co-operate, allowed a source of infection to get beyond control. Such a man may be responsible for a number of secondary cases, and death or permanent disability, to say nothing of the mental anguish and the expense which such secondary cases may cause.

Sometimes, a family may find the quarantine period irksome and chafe at our regulations. They then bring pressure to bear upon the doctor to terminate the quarantine. In such instances, a few physicians have, out of mistaken kindness for the patient, or from other motives, ignored the rights of the public and have given their assent or even have encouraged the patient to leave the quarantined premises. In this case, or in other matters of law enforcement, the Department has no choice but to hold the physician legally accountable.

Feeling, as we do, that the physicians of the community are our most important allies in efforts to prevent the spread of communicable disease, we are always reluctant to take legal action against them, and the purpose of this publication is to bring home to the small minority of physicians who offend in this way an understanding of the meaning of their acts, with a view of persuading them to be on the alert and to uphold the efforts of the Department of Health, in maintaining quarantine in every case of acute communicable disease.

Digitized by Google

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The following is a section of a Quiz Manual which is being prepared for the use of physicians and nurses of the Department's Bureau of Preventable Diseases. This installment was prepared by the Chief Diagnostician, Dr. William L. Somerset, assisted by Dr. H. A. Bancel, District Diagnostician, and is printed here as it may be of considerable interest to general practitioners.

Smallpox.

In different parts of the country, this disease is known under one or more of the following symptoms: variola, varioloid, alastrim, prairie itch, Cuban itch.

Q. What is the source of smallpox infection?

A. Lesions of skin and of mucous membranes of infected persons.

Q. What are the modes of transmission?

A. By direct personal contact; by articles soiled with discharges from lesions. The virus may be present in all body discharges, including feces and urine. It may be carried by flies, or by droplet infection from mucous membrane lesions.

Q. What is the length of incubation period?

A. Twelve to twenty-one days, usually fourteen days.

Q. What positive statements may be made concerning the prodromal period?

A. It is almost invariably present. When present, it is never less than three, nor more than four days in duration.

Q. What are the prodromal symptoms?

A. Headache, or backache, or both, with fever—with or without nausea.

Q. How are these symptoms usually accounted for—at the time of their appearance?

A. By a diagnosis of influenza.

Q. Do the prodromal symptoms persist with the appearance of the rash?

A. Rarely. There is usually an intermission of subjective symptoms when rash appears.

Q. May the rash easily escape early notice?

A. Yes; the patient feels perfectly well. The doctor's visits are discontinued. No importance may be attached to the few small scattered and painless discolorations on the skin—even after they become pimples.

Q. When is smallpox communicable?

A. From onset of symptoms until all scabs and abnormal discharges have disappeared.

Q. What is the source of infection during the prodromal period?

A. Mucous membrane lesions.

Q. What is meant by the prodromal rash of smallpox.

A. In a small number of cases, about 1 per cent, generalized erythematous rashes resembling those of scarlet fever, or localized petechial rashes have been observed (Bancroft). These rashes usually disappear before the appearance of the specific eruption.

Q. Describe the development of smallpox lesions.

A. Smallpox lesions appear, first, as macules and remain macules, possibly, for two hours. They are seldom seen in this stage by a physician for, at the time of their appearance, the patient is feeling perfectly well, having entirely recovered from the three or four days of prodromal indisposition due to fever with headache or backache. These macules are absolutely indeterminate. They are, in fact, a first-class imitation of typhoid rose spots. The macules become papules almost at the time of their first appearance. Since this elevation, or papulation, is due, not only to hypertrophy of epithelial cells at periphery of the lesion, but also, to exudation into the lesion, it follows that the papule is really as short-lived as the macule and that what we actually have

Digitized by Google

after the first hour or two, is a vesicle. Papule is a conveniently descriptive term to apply to the lesion until such time as the exudate becomes appreciable to the eye or finger.

Q. Describe unbilication.

A. Without going into the pathology, it may be said that peripheral cell hypertrophy and exudation result in umbilication. This umbilication is a most important step in the evolution of the lesion, from a diagnostic point of view. In many lesions, it shows early, well within twenty-four hours from time of the lesion's first appearance. It is, to all intents and purposes, pathognomonic, being found neither in varicella nor in syphilis. It is progressive and not a retrogressive modification. It may be found in nearly all cases, if seen early enough. Malignant cases, and very mild cases, on account of lack of cell hypertrophy, may not show it. Great care must be taken not to confuse this early conformation (to be followed by the fully rounded-out pustule) with the little central and depressed crust which forms on other vesicles, such as those of chickenpox, at the beginning of desiccation.

Q. Do smallpox lesions frequently present variations from type?

A. Yes, the difficulty in the diagnosis of smallpox is largely due to the fact that there are mild and abortive types of the disease, in which the pocks may be atypical, lacking in some of the characteristic features, and failing to pass through the stage of suppuration in the usual manner.

Q. Are unusually severe cases also atypical?

A. Yes, the confluent type in which the lesions are so many that they merge one into another, and the haemorrhagic, malignant cases which may vary from a slight display of blood in the vesicles to a fulminating and quickly fatal purpura.

Q. Are there non-malignant cases showing hemorrhages in the eruption?

A. Yes, smallpox, like scarlet fever or measles, may show few or many, smaller or larger, petechial or purpuric areas without any effect whatever on the clinical condition of the patient.

Q. How does malignancy first make itself known?

A. By rapid and excessive hemorrhages into mucous membrane cavities.

Q. What may be said concerning distribution of lesions?

A. Excepting malignant cases, the distribution is general, including face, trunk and extremities; the distribution is called centrifugal—lesions appear first and are closer set on the face than elsewhere; closer set below than above the elbows and knees; hands and feet always affected in proportion to forearms and shins; palms and soles rarely free, if total number of lesions is over a score. A free distribution on forearms and shins, with hands and feet presenting no lesions, is never seen in smallpox. It may be said that smallpox never misses the face. If the whole number of lesions be less than a score, they will still be scattered about on face, trunk, and extremities.

Q. What may be said of the manner and rate of development of lesions?

A. On any given small area of skin, all of the lesions appear at approximately the same time. All of the lesions about the mouth, for instance, in any given case, will be very nearly the same age and in the same stage of development. Between time of first appearance of eruption on face and on shins or feet, there is to be expected a difference of from one to two days—the eruption progressing downward—but on any given area, the size of a silver dollar, one will not find on any single inspection, scabs, pustules, vesicles and macules. Smallpox lesions go on to maturity without rupture. Be the case mild or severe, the lesions, whether they go on to full pustulation, or begin to retrograde as early as the second day, do not rupture unless subjected individually to some special violence. The exudation, beginning a few hours after first appearance of lesion,

Digitized by Google

goes on at a characteristic rate, progressing very slowly in comparison with the exudate of chickenpox. It may not become apparent to the eye until second or third day; it may never become so apparent in abortive lesions but, whenever it does, it invariably requires several days to produce full vesiculation or pustulation. Smallpox lesions are multiocular and do not drain readily through a pin prick. They are not translucent. One or more of them will usually be found astride a line of muco-cutaneous junction. During the dessication, smallpox lesions never become flaccid. (In chickenpox, the contents of the lesions frequently are absorbed, leaving the epidermal covering lying loose on the skin like a small collapsed bladder.)

Q. Is the development of lesions ever unusually slow?

A. In very mild varioloid, particularly in fat subjects, the force behind the lesions seems to be insufficient to push them out, and new lesions continue to appear for several days. The subsequent development of lesions in such cases is also slow.

Q. What diseases must be considered in the differential diagnosis of smallpox?

A. Chiefly varicella, syphilis, drup eruptions, pemphigus.

Q. What are the main differences between smallpox and chickenpox?

A. In chickenpox or varicella, the pocks are usually smaller, softer and on a more hyperaemic base; they take less time to develop and are apt to collapse or rupture before suppuration occurs. A characteristic of varicella is the appearance of the lesions in crops and the evident difference in age between different lesions on any small part of the body examined.

Q. How may syphilis usually be differentiated?

A. With syphilis, slowness of development and irregularity, both in character and in distribution of lesions, usually serve as safe guides.

A smallpox eruption is never unilateral; is never profuse on one or two of the extremities and absent on the others; is never profuse as far as wrists and ankles, and absent on hands and feet; never produces a so-called papular eruption which disappears without scab formation; never produces fully developed split-pea sized vesicles within twenty-four hours. Its lesions are never translucent, and never rupture spontaneously in appreciable numbers.

Q. What drug rashes simulate smallpox?

A. Iodine and bromide eruptions may resemble smallpox pustules in appearance and distribution. They do not progress in the same manner, however, and their rate of development, and the history of the case will invariably make a differentiation possible within a day or two.

Q. What is the attitude of the Department of Health toward smallpox?

A. The Department of Health considers smallpox one of its most serious problems, chiefly on account of the widespread susceptibility to the disease, the constant presence in New York of transients and unvaccinated persons, the difficulty of diagnosis in mild cases, and the constant menace of an outbreak of the disease in virulent form.

Q. What does the Sanitary Code say about smallpox?

A. That it should be reported to the Department of Health within 24 hours after diagnosis. That parents, guardians, etc., are required to use every means within their power to urge or procure vaccination for dependants. (Secs. 86, 87, 89, 94, 95, 96. Also Sec. 97, which authorizes removal of any infectious disease to a hospital designated by the Department of Health, if considered necessary for the protection of the public.)

Q. What do the regulations of the Bureau of Preventable Diseases of the Department of Health say about smallpox?

A. If a true case, the inspector on duty must notify, promptly, headquarters as

Digitized by Google

that a police officer may be sent, immediately, to guard the premises while awaiting the arrival of the ambulance. Every case of smallpox must be removed to a hospital. It is then the duty of the inspector (District Diagnostician) to vaccinate all those who have been in contact with the patient, in his household or outside, and others living in the same house, if it be an apartment house, urging strongly the necessity for revaccination, but bearing in mind that he has no legal right to force it on anyone. A list of those who have come in contact with the patient, from the beginning of his prodromal period, should be prepared, together with a list of all the members of the family and all the tenants of the house in which he lives, and notation made of whether or not they have submitted to vaccination. (This record should be made on form 307V, a yellow card). Subsequent revisits are required to be made by the District Diagnostician to all those on his list at regular intervals, preferably daily, for the full period of incubation, twenty-one days. If any of these known contacts should leave town, or for any other reason pass from under observation, the main office should be so informed. At the end of the period of observation the card (Form 307V) should be returned to the Chief Diagnostician.

Materials (vaccine, forms, etc.) are obtainable at the District Branch Offices of the Department or, in emergencies, will be sent by special messenger from the main office.

Q. Is fumigation of the patient's home required?

A. Yes, with sulphur, using 3 pounds for every 1000 cubic feet of air space of infected premises.

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 13, 1922.

During the week just closed there were 1,475 deaths and a rate of 13.18, as compared with 1,256 deaths and a rate of 11.39 during the corresponding week of 1921, an increase of 219 in the absolute number of deaths and 1.79 in the rate, which is equivalent (taking into consideration the increase of population) to an increase of 200 deaths.

There were 56 deaths reported from measles, as compared with 10; 3 from scarlet fever, as compared with 10; 13 from diphtheria, as compared with 19; and 2 from whooping cough, as compared with 8. All of the contagious diseases showed a decrease from the corresponding week of last year with the exception of measles, the mortality of which has been running high during this year. There were 99 deaths reported from cancer, as compared with 112; 287 deaths from heart diseases, as compared with 265; 72 deaths from Bright's disease and nephritis, as compared with 75; and 199 deaths from the pneumonias, as compared with 116. Pulmonary tuberculosis showed a decrease of 20 deaths from the corresponding week of 1921, the figures being 99 and 119, respectively.

There were 207 deaths of infants under one year of age, as compared with 172, an increase of 35 deaths. At ages five to sixty-five there were 947 deaths, as compared with 798. The mortality at sixty-five years of age and over numbered 321, as compared with 286.

From January 1st to date, 91 infants under one year of age died out of every 1,000 born, as compared with 79 deaths of the same age for the corresponding period of last year.

The death rate for the first nineteen weeks of this year was 14.63, as compared with 12.84 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

INFANT FEEDING.—Sisson, W. R. The chlorin content of cows' and goats' milk and formulas commonly used in infant feeding. (Am. Jour. Dis. Child., May, 1922. pp. 431-437.)

JAUNDICE.—Chamberlain, Frederick. Salvarsan-jaundice: its causation, incidence and treatment. Lancet, April 15, 1922. pp. 733-736, tables.)

MENTAL DISEASES.—Bailey, Pearce. A contribution to the mental pathology of races in the United States. (Ment. Hyg., April, 1922. pp. 370-391, tables.)

MENTAL HYGIENE.—Emerson, Haven. The place of mental hygiene in the public health movement. (Ment. Hyg., April, 1922. pp. 225-233.)

MILK.—Keary, Timothy. Dried milk. (Bost. Med. & Surg. Jour., May 4, 1922. pp. 591-597.)

NEPHRITIS.—Boyd, Gladys. Nephritis in children. (Am. Jour. Dis. Child., May, 1922. pp. 375-391, tables.)

NERVOUSNESS.—Biggs, A. F. Nervousness: its cause and prevention. (Ment. Hyg., April, 1922. pp. 263-287.)

PRE-SCHOOL AGE.—Gesell, Arnold. The psychological significance of the pre-school period. (Pub. Health Nurse, May, 1922. pp. 233-234.)

SCHOOL NURSES.—Luckey, B. M. The school nurse and the mentally defective child. (Pub. Health Nurse, May, 1922. pp. 230-232.)

SCURVY.—Johnson, J. M. The comparative antiscoroutic values of milk. (U. S. Public Health Service, Public Health Reports, April 28, 1922. pp. 989-1021, charts, tables.)

SKIN DISEASES.—Oliver, E. L. Skin diseases commonly seen by the industrial physician. (Jour. Ind. Hyg., May, 1922. pp. 21-29.)

SYPHILIS.—White, P. J. A review of the literature of syphilis. (Am. Jour. Dis. Child., May, 1922. pp. 442-469.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Feb. 18	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13
Total deaths	1981	1988	1666	1650	1607	1580	1534	1619	1577	1445	1503	1508	1473
Annual Death Rate	17.70	17.76	14.89	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13.43	13 47	13 16
*Acute Infectious Diseases	76	71	40	51	86	106	93	101	110	95	102	112	77
Pul. Tuberculosis..	110	115	107	108	108	114	126	119	117	107	102	105	95
Influenza	180	105	54	37	34	28	16	14	17	8	11	7	5
Lobar Pneumonia.	238	235	174	140	126	129	114	114	126	79	82	101	95
Broncho Pneum...	208	208	176	154	127	130	128	109	98	121	82	114	104
**Violent Deaths ...	65	77	77	78	72	93	70	82	78	62	64	82	81
Deaths under 1 year.	247	287	238	221	264	218	245	210	254	224	206	197	207
Rates per 1,000 births	96.5	112.2	91.1	86.5	103.4	85.6	96 2	82.7	100.0	88.2	81.4	78.0	82 0
Deaths under 5 years	445	455	388	368	391	382	386	385	408	394	362	382	367
" 5-65 years ..	1029	1048	889	865	847	828	776	847	826	760	822	806	787
" 65 years and over	507	485	389	417	369	370	372	387	343	291	319	320	321

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	195	308	255	287	256	205	293	280	244	278	211	260	240
Diphtheria	192	199	221	230	268	272	302	273	244	270	289	320	297
Measles	1124	1325	1499	1665	1842	2019	2052	2590	2086	2403	2128	2214	2521
Scarlet Fever	337	389	340	453	404	434	421	383	354	275	328	359	331
Chickenpox	127	159	154	154	139	123	177	444	110	139	221	118	179
Influenza	3284	1312	592	310	178	120	99	59	42	25	29	25	29
Pneumonias	1411	987	655	574	475	503	545	470	449	372	372	328	434
Typhoid Fever	2	1	7	6	..	8	7	4	8	9	8	5	12
Whooping Cough ...	67	84	96	114	84	82	95	122	79	91	94	93	129
Syphilis	232	12	341	370	346	242	273	284	243	362	307	317	224
Gonorrhoea	88	56	90	95	68	75	77	104	32	139	86	133	88
Poliomyelitis	..	8	1	2	3	2	1	1	1	1	2	1	1
Cerebro-spinal Meningitis	12		2	10	6	9	17	6	6	4	6	6	6
Total	7066	5041	4253	4270	4064	4094	4359	5020	3893	4368	4081	4174	4609

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, May 13, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	601	643	618	1010	264	53	13 77	14.77	14 20
The Bronx	732,016	809,536	129	166	156	292	84	8	8.64	10.70	10.05
Brooklyn	2,018,356	2,117,227	416	500	518	953	207	45	10.45	12 82	12 76
Queens	469,042	516,683	79	124	147	159	25	8	8.28	12 52	14 84
Richmond	116,581	124,400	31	42	36	57	25	..	13.84	17 61	15.10
Total	5,620,048	5,839,738	1256	1475	1475	2471	555	114	11.39	13.18	

*Corrected by redistributing deaths according to borough of residence.

During the first nineteen weeks of this year there were 31,108 deaths, a rate of 14.63 per 1,000 population. During the corresponding weeks of last year there were 26,896 deaths, a rate of 12.84 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	45	40	..	2	..	43	50	13	13	9	6	36	101	183	335	125
The Bronx	7	26	..	2	1	9	12	..	..	2	1	6	23	34	95	37
Brooklyn	19	20	1	4	13	37	33	13	13	5	3	21	68	122	271	107
Queens	1	7	..	..	1	6	7	2	2	3	..	8	9	21	65	38
Richmond	2	6	..	..	..	..	2	1	1	..	..	..	6	7	21	14
Total	74	99	1	8	15	95	104	29	29	19	10	71	207	367	787	321

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	96	91 0	7	6.6	3	5	167	40 7	11	2.7	39	9.5
The Bronx	23	79 3	..	....	..	..	39	25.0	1	0.6	7	4 5
Brooklyn	69	73 4	10	10.6	2	8	128	30 2	13	3.1	20	4.7
Queens	12	65 0	2	10.8	..	1	25	24.2	3	2 9	1	1 0
Richmond	7	125.5	1	17.9	..	1	8	35.0	1	4.4	1	4 4
City of New York.	207	82.0	20	7 9	5	15	367	32.9	29	2.6	68	6 1

During the first nineteen weeks of this year 1,381 infants died, a rate of 91. per 1,000 births. During the corresponding weeks of last year 3,822 died, a rate of 79. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 5-6-'22	141	108	84	72	98	66	50	33	26	2	1	2	18	..	42	21	..	556	165	1475
Admitted	31	43	53	17	15	17	18	12	3	..	..	..		..		1	..	20	11	241
Discharged	33	29	42	14	24	20	19	15	8	1	..	1	6	..	6	3	..	10	15	246
Died	1	8	14	5	..	..	1	3	..	..	..	..	..	..	1	..	..	..	1	34
Rem'g 5-13-'22	138	114	81	70	79	63	48	27	21	1	1	1	12	..	35	19	..	566	160	1436
Total treated	172	151	137	89	103	83	68	45	29	2	1	2	18	..	42	22	..	576	176	1716

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1475	1256	782	693	207	80	80	367	61	57	245	424	321
1. Typhoid Fever	2	2	1	1	..	..	..	..	1	1	..	..	
2. Smallpox	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	56	10	28	28	14	26	13	53	..	..	2	1	..
6. Scarlet Fever	8	10	2	1	.	..	8	8	..	..	..	.	..
7. Whooping Cough	2	8	1	1	1		1	2	..	..	.	..	
8. Diphtheria	18	19	9	4	2	6	2	10	8	.	..	..	
9. Influenza	8	9	5	3	1	2	1	4	..	1	2	1	..
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..		
12. Other Epidemic Diseases	10	7	2	8	6		..	6	..	..	1	1	2
13. Pulmonary Tuberculosis	99	119	63	36	..	..	..	..	3	14	63	17	2
14. Tbc. Meningitis	11	11	7	4	2	1	5	8	3	.	..	..	..
15. Other forms Tbc.	5	5	2	3	1	..	..	1	..	1	2	1	..
16. Cancer, Malignant Tumor	99	112	43	56	..	..	..	..	..	1	17	54	27
17. Simple Meningitis	5	6	3	2	3	..	..	3	.	..	1	1	..
17a. Cerebro-spinal Meningitis	1	6	1	..	1	..	..	1		..	..	..	
18. Apoplexy, Softening of the Brain	10	14	6	4	..	.	..	..		..	2	5	3
19. Organic Heart Diseases	279	256	129	150	..	..	4	4	11	12	19	108	125
20. Acute Bronchitis	15	5	8	7	6	1	2	9		1	1	2	2
21. Chronic Bronchitis	..	4	..	..	.	.	.	.	..	.	..	..	
22. Lobar Pneumonia	95	60	52	43	10	6	5	21	5	3	16	33	17
22a. Broncho Pneumonia	104	56	58	46	40	22	10	72	3	..	3	11	15
23. Other Respiratory Diseases	11	13	4	7		3	2	5	1	..	2	2	1
24. Diseases of the Stomach (Cancer excepted)	8	6	6	2	..	..	..	..	..	..	2	5	1
25. Diarrhoeal Diseases (under 5 years)	29	22	13	16	20	6	3	29		..	..	..	..
26. Appendicitis and Typhilitis	15	15	10	5		..	1	1	2	1	5	5	1
27. Hernia, Intestinal Obstruction	20	12	12	8	2	2	..	4	..	1	1	9	5
28. Cirrhosis of Liver	7	7	4	3	.	..	..	..	..	..	2	4	1
29. Bright's Disease and Nephritis	72	75	36	36	..	..	1	1	..	1	12	34	4
30. Diseases of Women (not Cancer)	6	8	..	6		..	..	..		1	2	2	1
31. Puerperal Septicaemia	5	5	..	5		..	..	..		3	2		
32. Other Puerperal Diseases	14	10	..	14	..	..			..	4	9	1	
33. Congenital Debility, and Malformations	69	78	40	29	69	..	..	69	..	..	..		..
34. Old Age	5	9	1	4		..	..	..	..	..	..	..	5
35. Violent Deaths	81	65	65	16	1	1	13	15	16	4	23	17	6
a. Sunstroke		..	..	..	..	..		..	..	..	..		.
b. Other Accidents	71	60	55	16	1	1	13	15	16	3	15	16	6
c. Homicide	10	5	10	..	..	..	..	..	..	1	8	1	..
36. Suicide	19	18	16	3	..	..	..	..	..	2	8	7	2
*37. All other causes	291	188	151	140	28	4	13	45	13	6	44	102	81
38. Ill-defined causes	6	6	4	2	..	..	1	1	..	..	4	1	..

Deaths in Institutions,	655	Mean temperature,	64.3 deg. Fahr.
Mean barometer,	29.75	Minimum temperature,	49.0 deg. Fahr.
Mean humidity,	43.9	Maximum temperature,	85.0 deg. Fahr.
Precipitation,	Trace		

†If the deaths under one month, numbering 75 from all causes, be deducted from the total deaths under one year, the resulting rate will be 52 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 9, Syphilis 9, Diabetes 33, Alcoholism 8, Locomotor Ataxia 0, Paresis 8, Arterio-sclerosis 88, all other congenital causes 14.

25a-2022-22-O'C

Digitized by Google

X 14
N 57

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. MAY 27, 1922. No. 21.

REORGANIZATION OF THE BUREAU OF PREVENTABLE DISEASES.

The demands made upon the nurses of the Bureau of Preventable Diseases, to visit all reported cases of the major communicable diseases, and to keep such cases under proper supervision, have been so heavy that it has been virtually impossible, with the staff available, to keep abreast of the work, especially during the season of the year when the acute communicable diseases are most prevalent.

After a study of the situation, made by the Director of the Bureau of Preventable Diseases, it became apparent that the establishment of local branches of the administrative service of the Bureau in nineteen district units in the City, while it may have had much to commend it, when it was first put into effect a number of years ago, has not been a success because of the lack of a sufficiently large nursing staff. It was, therefore, determined that a radical reorganization of the method of conducting the administrative work of the Bureau was essential, in order that more nurses might be free to devote themselves entirely to the supervision and control of communicable diseases.

Upon the basis of the facts brought out by this analysis of the Bureau's administrative methods, the Commissioner authorized the removal of the branch offices, located in nineteen different districts of the City, to the respective borough headquarters of the Department. This change will release thirty or more nurses, who have heretofore been engrossed with the details of administrative work in these various units, and will thus make a very substantial addition to our field service.

Among the changes which this reorganization will make possible will be an intensification of our tuberculosis and other clinic services. It is to be distinctly understood that these changes will not lessen our services to the community in any way, as it is only the bookkeeping and similar work which is being centralized.

Some clinics, especially those which have a comparatively low register of cases, have, previously, conducted eight sessions a week. These sessions will now be very materially reduced in frequency, so that the number of clinic physicians at each clinic session will be increased, and the direction of all activities will be constantly and closely supervised, a thing hitherto impossible. The supervising officers will be

Digitized by Google

freed from many administrative duties and will devote themselves exclusively to the supervision of clinic work.

This reorganization will add to our resources as much as if we had received a new grant of $45,000 for additional nursing service. The gain in the medical and clerical branches of the Bureau's service will be proportionately as great.

A schedule of changes in the respective clinics will be published as soon as they have become effective. Physicians, hospitals, dispensaries, social service agencies, and others, who may have occasion to communicate with the Department, in respect to cases of communicable diseases, are advised of this change so that they may, in the future, address directly the Borough Chief of the Bureau, instead of a branch office.

AMENDMENTS TO THE SANITARY CODE.

Labeling of Poisons.

At a meeting of the Board of Health of the Department of Health, held May 3, 1922, the following resolution was adopted:

Resolved, That Section 122 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Section 122. Poison; sale and distribution regulated.—No person shall sell at retail or give away any poison unless the bottle, box, package, parcel or receptacle containing such poison sold or given away, shall bear a label upon which shall be conspicuously printed or stenciled in red ink, in plain legible characters, the name of the substance or article, the word "POISON", the name and place of business of the seller, or donor, a skull and crossbones, the word "CAUTION", the maximum dose of the poison, and the antidote therefor.

The provisions of this section shall not apply to medicinal compounds containing poisonous drugs in therapeutic doses when the maximum dose of such preparation is marked upon the container.

Permits to Conduct Hospitals.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said city on the 3rd day of May, 1922, the following resolution was adopted:

Resolved, That Section 220 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Section 220. Hospitals; permit required; exception.—No person, persons, or corporation, other than those specifically authorized by law, shall conduct or maintain a public or private hospital or institution, or advertise or hold out to the public that an establishment is conducted or maintained wherein human beings may be treated, or cared for by a physician or midwife, and no person, persons, or corporation, other than those specifically authorized by law, shall conduct a lying-in hospital, home or place for the care of pregnant women or advertise, offer, or undertake to receive or care for them at such place, or at his or her home, without a permit therefor issued by the Board of Health or otherwise than in accordance with the terms of said permit and with the regulations of said Board.

At the same meeting, the following resolution was adopted:

Resolved, That the regulations governing the establishment and maintenance of hospitals and relating to Section 220 of the Sanitary Code, be and the same are hereby amended by the adoption of a new regulation to be known as Regulation 16 to read as follows:

Digitized by Google

Regulation 16. Permit shall not be transferable as to person or place.—A permit issued to a particular person, firm or corporation, and for a given location is not valid for use by any other person, firm or corporation, or at any place than that for which issued.

Unwholesome Meat.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said city on the 3rd day of May, 1922, the following resolution was adopted:

Resolved, That Section 160 of the Sanitary Code be and the same is hereby amended and made to read as follows:

Section 160. Calves, pigs, lambs, fish, birds, and fowl; sale regulated.—No calf, or the meat thereof, shall be brought into the City of New York, or held, sold, or offered for sale for human food, which, when killed was less than three weeks old. No pig, or the meat thereof, shall be brought into the City of New York, or held, sold, or offered for sale for human food, which, when killed, was less than five weeks old. No lamb, or the meat thereof, shall be brought into the City of New York, or held, sold, or offered for sale for human food, which, when killed, was less than eight weeks old. Nor shall any meagre, sickly, or unwholesome fish, birds, or fowl be brought into said City or held, sold, or offered for sale for human food therein.

True copies. CHARLES L. KOHLER, *Secretary.*

TYPHOID FEVER IN NEW YORK CITY.

First Quarter, Ending March 31, 1922.

During the first quarter of this year, a total of 55 cases of typhoid fever were reported. Of this number, 7 cases were erroneously diagnosed, leaving a corrected total of 48 cases. During the corresponding quarter, a corrected total of 98 cases were reported. Therefore, we have 50 fewer cases listed this quarter than we had in the corresponding quarter of 1921.

During the last quarter the diagnosis was confirmed by laboratory test in 67 per cent, as against 71 per cent in the corresponding quarter of 1921.

A total of 12 deaths were reported in this quarter as against 19 deaths in the corresponding quarter of 1921.

Of this quarter's cases, the probable source of infection was traced in 23 per cent, as against 34 per cent, so traced in the corresponding quarter of 1921. Two cases were shown to be the result of contact with active cases, and four cases were traced to probable carriers. Five cases were traced to out-of-town sources.

One hundred and thirty persons were immunized in this quarter, as against 914 in the corresponding quarter of 1921. Sixty-four persons who were exposed to typhoid fever during this quarter received a course of three injections, as against 40 during the corresponding quarter of 1921.

Sixty-nine per cent of the cases in this quarter were hospitalized, as against 56 per cent in the corresponding quarter.

In addition to these typhoid fever cases, the following para-typhoid fever cases were reported:

Para-Typhoid Fever.

	Manhattan	Bronx	Brooklyn	Queens	Richmond	City
Cases Reported	1	2	0	0	0	3
Laboratory Confirmation..	1	1	0	0	0	2

Digitized by Google

Typhoid Fever—Quarter Ending March 31st, 1922.

	Manhattan		Bronx		Brooklyn		Queens		Richmond		City	
	1922	1921	1922	1921	1922	1921	1922	1921	1922	1921	1922	1921
1 Total cases reported as typhoid..	28	47	8	12	13	44	5	4	1	5	55	112
Number erroneously reported....	5	7	1	1	1	5	0	0	0	1	7	14
Corrected total of cases	23	40	7	11	12	39	5	4	1	4	48	98
Diagnosis confirmed by												
1 Widal	10	24	5	4	5	23	1	2	1	0	22	53
2 Blood Culture	2	1	1	0	0	1	0	0	0	0	3	1
3 Stool	0	1	0	0	2	0	0	0	0	0	2	1
4 Widal and Stool	2	3	0	2	1	3	1	0	0	2	4	10
5 Widal and Blood Culture	0	4	0	0	0	1	0	0	0	0	0	5
6 Stool and Blood Culture	0	0	0	0	0	0	0	0	0	0	0	0
7 Widal, Stool & Blood Culture.	0	0	0	0	0	0	1	0	0	0	1	0
8 Operation	0	0	0	0	0	0	0	0	0	0	0	0
9 Autopsy	0	0	0	0	0	0	0	0	0	0	0	0
10 No confirmation	9	8	1	5	4	11	2	2	0	2	16	28
TOTAL	23	40	7	11	12	39	5	4	1	4	48	98
Percentage of cases confirmed...	61	80	86	54	75	72	60	50	100	50	67	71
2 DEATHS	6	5	1	3	4	8	1	2	0	1	12	19
3 Percentage of cases in which probable modes of infection were traced	26	32	28	10	16	31	20	100	0	75	23	34
4 Probable mode of infection												
a Contact with active cases	2	1	0	0	0	4	0	1	0	0	2	6
b Contact with proven carriers..	0	3	0	0	0	0	0	2	0	0	0	5
c Contact with probable carriers.	1	4	1	0	2	4	0	0	0	1	4	9
Total Contact Cases	3	8	1	0	2	8	0	3	0	1	6	20
d Out of town infection	2	5	1	0	0	4	0	1	0	2	3	12
e Doubtful out of town infection.	1	0	0	1	0	0	1	0	0	0	2	1
Total out of town infection.....	3	5	1	1	0	4	1	1	0	2	5	13
5 Immunization by Department												
a Persons exposed to cases (complete)	64	21	0	2	0	5	0	12	0	0	64	40
b Persons not exposed to cases (complete)	5	329	3	47	14	8	4	0	0	0	26	384
c Persons exposed to cases (incomplete	13	314	4	0	0	7	0	0	0	0	17	321
d Persons not exposed to cases (incomplete)	18	155	0	5	5	9	0	0	0	0	23	169
Total	100	819	7	54	19	29	4	12	0	0	130	914
6 Patients treated at hospital	14	21	6	5	6	26	2	0	1	2	33	54
Patients treated at home	9	19	1	6	6	13	3	4	0	2	15	44
Percentage of cases treated in hospital	61	52	86	56	50	66	40	0	100	50	69	56

NEW YORK ASSOCIATION FOR MEDICAL EDUCATION.

The New York Association for Medical Education has been reorganized to encourage, particularly, graduate courses of instruction. Physicians from all parts of the world have inquired about special courses of instruction here, but there has been no organization that could quickly answer them, nor put them in touch with the specialists who had the clinical material for a first rate course of training. This demand for post graduate study in medicine has not been set on an adequate scale by the universities. In fact they had all they could do, heretofore, to provide ample clinical instruction for their under-graduates. It takes a great population centre like New York to provide the extensive clinics necessary for post graduate work and these, when properly organized, will attract the graduates of other medical colleges throughout the country.

It is the aim of the New York Association for Medical Education to bring together all of the institutions and organizations interested in medical education, either graduate or undergraduate. These Foundations have always said that they were anxious to do something in a large way for New York City, but that it did not seem possible to get all the institutions to pull together for what was best for New York City as a whole. A great step has been taken toward co-operation by the medical

Digitized by Google

colleges, in that they have agreed to work together through the Board of Directors of the New York Association on which each has an equal number of representatives. It is only a matter of time when all institutions that desire it will be represented on the Board. At the annual meeting the corporate members will elect the Board of Directors but all will be entitled to vote on matters of interest to them. Teachers or hospital appointees may become corporate members and others may become general members. The medical profession at large will be represented, and every licensed physician in the city is to be given an opportunity to help in the work of the Association. The Carnegie Corporation is interested in this movement to organize the clinical facilities of this city as a whole, and is willing to back its interest by giving $12,000 toward the initial work of this first year, providing the profession raises $3,000.

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 20, 1922.

There were 1,415 deaths reported during the week just closed and a rate of 12.64 per 1,000 of the population, as compared with 1,215 deaths and a rate of 11.02, an increase in the absolute number of deaths of 200 and in the relative number of deaths of 181.

The most important factor in this increased mortality was the extraordinarily high weekly mortality from measles, there having been 65 deaths recorded from this cause, as compared with 4 in the corresponding week of 1921, an increase of 61 deaths. In connection with this increased mortality from measles, we find that the acute respiratory diseases also showed an exceedingly high increased mortality, there having been 197 deaths recorded from the pneumonias, as compared with 118 deaths, an increase of 79. Whooping cough also showed a considerable increase, there having been 11 deaths reported from this cause, as compared with 3, these 11 deaths representing an increase of 9 deaths over the immediately preceding week. There were 6 deaths reported from encephalitis lethargica as compared with 2; 25 deaths from diphtheria as compared with 23; diarrhoeal diseases showed an increase of 4 deaths; cancer an increase of 21 deaths; organic heart and kidney diseases an increase of 7 deaths; pulmonary tuberculosis an increase of 6 deaths, and other tuberculous diseases an increase of 11 deaths. Violence showed an increase of 4 deaths. The few causes that showed a decreased mortality were scarlet fever, a decrease of 5 deaths; influenza, a decrease of 6 deaths; bronchitis, a decrease of 8 deaths, and diseases of the nervous system, a decrease of 12 deaths.

There were 198 deaths reported of infants under one year of age, as compared with 155, an increase of 43; between one and two years of age there were 108 deaths reported, as compared with 35, an increase of 73; between two and five years of age there were 76 deaths reported, as compared with 41, an increase of 35; between twenty-five and forty-five years of age there were 240 deaths reported, as compared with 206, an increase of 34; between forty-five and sixty-five there were 388 deaths reported, as compared with 342, an increase of 46; at five to fifteen years of age there were 56 deaths reported, as compared with 66, a decrease of 10; between fifteen and twenty-five there were 59 deaths reported, as compared with 62, a decrease of 3; at sixty-five years of age and over there were 290 deaths reported, as compared with 308, a decrease of 18, leaving a flat increase of 200 from all causes at all ages.

During the first twenty weeks of the year the death rate was 14.52 per 1,000 of the population, as compared with 12.73, an increase of 1.79 points.

From January 1st to Saturday, May 20th, 91 infants under one year of age died out of every 1,000 born, as compared with 78 deaths at this age group in the corresponding period of 1921, an increase of 13 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

DEAFNESS.—N. Y. City, Health Dept. of. Prevention of deafness in children. 1922. 8 p. (Keep Well Leafet No. 24.) H34.31k24

DEATH RATE.—Benjamin, P. L. Back to Methusaleh. (Survey, May 6, 1922. pp. 213-215, charts, tables.)

DIPHTHERIA.—Zingher, Abraham. Diphtheria prevention work. (Mother and Child, May, 1922. pp. 207-210.)

ENCEPHALITIS.—Strauss, Israel, and J. H. Globus. (A group of cases illustrating diagnostic difficulties during an epidemic of acute encephalitis. (N. Y. Med. Jour. and Med. Rec., May 17, 1922. pp. 580-589, figs.)

FEEBLEMINDED.—Clark, L. P., and C. E. Atwood. A contribution to the etiology of feeblemindedness with special reference to prenatal enamel defects. (N. Y. Med. Jour. and Med. Rec., May 17, 1922, pp. 573-579.)

HAIR.—N. Y. City, Health Dept. of. Care of the hair. By S. Dana Hubbard. 1922. 12 p. (Keep Well Leaflet No. 22.) H34.31 k22

LEAD.—Fairhall, L. T. Lead studies: I. The estimation of minute amounts of lead in biological material [with bibliography]. (Jour. Ind. Hyg., May, 1922. pp. 9-20)

MOSQUITOES.—Mayne, Bruce. How long does a mosquito retain malaria parasites? (U. S. Public Health Reports, May 5, 1922. pp. 1059-1063.)

PHYSICAL TRAINING.—Drew, L. C. Individual gymnastics; a handbook of corrective and remedial gymnastics. Lea & Febiger. 1922. 225 p., illus. 613.71D83

RADIUM.—Knox, Robert. Radium therapy. (Brit. Med. Jour., April 22, 1922. pp. 681-685, charts.)

VITAMINS.—Hess, J. H., and others. Experimental studies with proprietary vitamin products. (A. M. A. Jour., May 13, 1922. pp. 1441-1445, charts.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Feb. 25	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20
Total deaths	1988	1666	1650	1607	1580	1534	1619	1577	1445	1503	1508	1475	1435
Annual Death Rate	17.76	14.89	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13 43	13 47	13.18	12 64
*Acute Infectious Diseases	71	40	51	86	106	93	101	110	95	102	112	77	131
Pul. Tuberculosis..	115	107	103	108	114	126	119	117	107	102	105	99	89
Influenza	105	54	37	34	23	16	14	17	8	11	7	8	5
Lobar Pneumonia.	235	174	140	126	129	114	114	126	79	82	101	95	100
Broncho Pneum...	208	176	154	127	130	123	109	98	121	82	114	104	97
**Violent Deaths ...	77	77	78	72	93	70	82	78	62	64	82	81	64
Deaths under 1 year.	287	233	221	264	213	245	210	254	224	206	197	207	191
Rates per 1,000 births	112.2	91.1	86.5	103.4	83.6	96.2	82.7	100.0	88.2	81.4	78.0	82.0	75.5
Deaths under 5 years	455	388	368	391	382	386	385	408	394	362	382	367	352
" 5-65 years ..	1048	889	865	847	828	776	847	826	760	822	806	787	743
" 65 years and over	485	389	417	369	370	372	387	348	291	319	320	321	290

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	308	255	287	256	205	298	280	244	278	211	260	340	279
Diphtheria	199	221	230	268	272	302	273	244	270	289	220	257	220
Measles	1825	1499	1665	1842	2019	2062	2590	2086	2403	2128	2214	2521	2351
Scarlet Fever	389	340	458	404	434	421	383	354	275	328	359	331	269
Chickenpox	159	154	154	139	128	177	444	110	139	221	118	179	142
Influenza	1312	592	310	178	120	99	59	42	25	29	25	29	19
Pneumonias	987	655	574	475	508	545	470	449	372	372	328	454	389
Typhoid Fever	1	7	6	..	8	7	4	8	9	8	5	12	11
Whooping Cough ...	84	96	114	84	82	95	122	79	91	94	98	129	119
Syphilis	12	341	370	346	242	278	234	243	362	307	317	224	254
Gonorrhoea	56	90	95	68	75	77	104	82	139	95	128	93	97
Poliomyelitis	2	1	2	3	2	1	1	1	1	2	1	1	1
Cerebro-spinal Meningitis		2	10	6	9	17	6	6	4	6	6	5	5
Total	5041	4258	4270	4064	4094	4859	5020	3898	4368	4081	4174	4600	4267

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, May 20, 1922.

Boroughs	Population U. S. Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	566	650	611	1068	881	44	12 97	14.92	14 08
The Bronx	732,016	809,536	134	151	158	267	62	10	8.98	9.73	9.86
Brooklyn	2,018,356	2,117,227	405	486	515	972	302	50	10.17	11.97	12 68
Queens	469,042	516,688	83	100	111	178	30	6	8.70	10.10	11.21
Richmond	116,581	124,400	27	28	25	48	9	6	11.62	11.74	10.48
Total	5,620,048	5,839,788	1215	1415	1415	2533	1284	116	11.02	12.64	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty weeks of this year there were 32,523 deaths, a rate of 14.52 per 1,000 population. During the corresponding weeks of last year there were 28,046 deaths, a rate of 12.73 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	61	40	1	3	3	52	48	7	6	15	1	27	86	185	352	113
The Bronx	9	22	1	1	1	8	6	4	4	1	1	7	20	30	90	31
Brooklyn	32	12	..	1	..	32	38	13	13	4	3	16	79	142	237	107
Queens	6	9	1	..	..	6	5	2	2	..	..	9	12	23	46	31
Richmond	1	6	..	..	..	2	..	..	..	1	..	..	1	2	13	8
Total	109	89	3	5	4	100	97	26	25	21	5	59	198	382	743	290

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	79	75.0	5	4.7	2	3	171	41.6	7	1.7	53	12.9
The Bronx	22	75 9	2	6.9	1	2	35	22.4	2	1.3	9	5.8
Brooklyn	84	89 3	10	10.6	1	8	148	34.9	14	3.3	32	7.6
Queens	12	64.9	2	10.8	..	2	25	24.2	2	1.9	5	4 8
Richmond	1	55.5	..	...	..	..	3	18.1	..	...	1	4 4
City of New York.	198	78.5	19	7.5	4	15	382	34.2	25	2.2	100	8 9

During the first twenty weeks of this year 4,579 infants died, a rate of 91 per 1,000 births. During the corresponding weeks of last year 3,977 died, a rate of 78. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 5-13-'22.	138	114	81	70	79	63	49	27	21	1	1	1	12	..	35	19	..	566	160	1436
Admitted	34	48	55	15	16	21	14	11	3	2	..	2		..	10	3	..	24	24	282
Discharged	33	42	51	21	24	13	17	11	3	1	..	1	3	..	11	3	..	14	12	265
Died	1	5	12	5	..	6	3	3	1	..	..	1	..	..	1	..	..	..	3	46
Rem'g 5-20-'22.	138	115	73	59	71	65	37	24	15	2	1	1	9	..	33	19	..	576	169	1407
Total treated	172	162	186	85	95	84	62	38	24	3	1	3	12	..	45	22	..	590	184	1718

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1415	1215	742	673	198	108	76	382	56	59	240	382	29
1. Typhoid Fever	1	2	..	1	..	..	..	..	1	..	..	..	
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..		
5. Measles	65	4	30	35	17	29	15	61	4	..	..	..	
6. Scarlet Fever	8	13	2	6	..	1	3	4	4	..	..	..	
7. Whooping Cough	11	8	7	4	5	4	1	10	1	..	..		
8. Diphtheria	25	28	13	12	3	8	14	25	..	..	..	..	
9. Influenza	5	11	2	3	..	1	1	2	..	..	2	..	
Poliomyelitis	1	..	..	1	..	..	1	1	..	..	..	..	
12. Other Epidemic Diseases	6	6	5	1	3		..	3	..	..	..	2	1
13. Pulmonary Tuberculosis	89	83	52	37	1	..	1	2	4	18	32	31	1
14. Tbc. Meningitis	17	9	6	11	3	4	4	11	2	..	4	..	
15. Other forms Tbc.	14	11	8	6	2	..	2	4	1	1	7	1	
16. Cancer, Malignant Tumor	117	96	59	58	1	..	..	1	1	1	18	66	30
17. Simple Meningitis	5	2	3	2	..	1	..	1	..	1	2	1	
17a. Cerebro-spinal Meningitis	3	3	..	3	1	..	1	2	1	..	..	..	
18. Apoplexy, Softening of the Brain	8	24	1	7	..		..	..		..	..	2	6
19. Organic Heart Diseases	252	246	116	136	..	..	1	1	6	5	30	89	121
20. Acute Bronchitis	4	12	2	2	3	..	1	4		..	..	..	
21. Chronic Bronchitis	2	..	1	1					..	..	..	..	2
22. Lobar Pneumonia	100	69	62	38	10	18	3	31	2	2	29	26	10
22a. Broncho Pneumonia	97	49	56	41	29	25	16	70	5	1	5	5	11
23. Other Respiratory Diseases	12	9	7	5	2	2	1	5	..	1	..	5	1
24. Diseases of the Stomach (Cancer excepted)	3	3	..	3	..	..	1	1	..	..	..	1	1
25. Diarrhoeal Diseases (under 5 years)	25	20	16	9	19	4	2	25		..	..	..	
26. Appendicitis and Typhilitis	15	12	4	11		..	1	1	1	5	7	1	
27. Hernia, Intestinal Obstruction	14	10	6	8	3	..	..	3	1	..	1	5	4
28. Cirrhosis of Liver	5	5	4	1		..	..		..	..	..	3	2
29. Bright's Disease and Nephritis	94	92	49	45	..	1	..	1	2	6	13	36	36
30. Diseases of Women (not Cancer)	10	10	..	10			..	..		1	6	2	1
31. Puerperal Septicaemia	6	4	..	6				..		2	4		
32. Other Puerperal Diseases	10	6	..	10	..				..	2	8		
33. Congenital Debility, and Malformations	76	74	50	26	74	2	..	76	..	..	..		
34. Old Age	5	5	3	2									5
35. Violent Deaths	64	61	52	12	3	1	4	8	11	5	21	14	5
a. Sunstroke		..		..	..	..		..	..	..	..		..
b. Other Accidents	59	51	47	12	3	1	4	8	11	3	18	14	5
c. Homicide	5	10	5	..	..	..	..	..		2	3	..	..
36. Suicide	21	20	13	8	..	..	..	..	1	7	13	..	
*37. All other causes	221	204	111	110	19	5	3	27	9	7	43	84	51
38. Ill-defined causes	4	8	2	2	..	2	..	2	..	..	1	1	..

Deaths in Institutions,	614	Mean temperature,	62.9 deg. Fahr.
Mean barometer,	29.72	Minimum temperature,	50.0 deg. Fahr.
Mean humidity,	69.0	Maximum temperature,	78.0 deg. Fahr.
Precipitation,	1.33		

†If the deaths under one month, numbering 81 from all causes, be deducted from the total deaths under one year, the resulting rate will be 46. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 5, Diabetes 29, Alcoholism 5, Locomotor Ataxia 3, Paresis 3, Arterio-sclerosis 46, all other congenital causes 6.

25a-3089-23-0°C

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JUNE 3, 1922. No. 22.

PHYSICIAN FINED FOR FAILURE TO REPORT CASE OF PNEUMONIA.

Although attention has been repeatedly called to the legal obligation of physicians, hospitals and dispensaries, to report cases of communicable disease, violations of this requirement recur with considerable frequency.

Recently, a physician in the Borough of Richmond, who failed to report a case of pneumonia, was punished by a fine, to say nothing of the loss of time and the inconvenience caused by his appearance before the Corporation Counsel.

Once again the Department of Health desires to make it clear that it takes no satisfaction in the unpleasant duty of taking legal action in cases of this sort against physicians, and it is merely with a view to directing the attention of physicians to the need for prompt compliance with the requirements of the Sanitary Code that we publish such instances as the above. For the benefit of those who have, perhaps, not read the sections of the Sanitary Code involved, they are printed below:

Section 86: Duty of Persons in Charge of Hospitals, and of Physicians, to Report Infectious Diseases.—It shall be the duty of the manager or managers, superintendent, or persons in charge of every hospital, institution or dispensary, in the City of New York, to report to the Department of Health in writing the full name, age, and address of every occupant or inmate thereof or person treated therein, affected with any one of the infectious diseases, included in the following list, with the name of the disease, within twenty-four hours after the time when the case is diagnosed, and it shall be the duty of every physician in the said City to make a similar report to the said Department within the same period relative to any person found by such physician to be affected with any one of the infectious diseases, stating, in each instance, the name of the disease: Acute anterior poliomyelitis (infantile paralysis), anthrax, Asiatic cholera, diphtheria (croup), dysentery (epidemic), epidemic cerebro-spinal meningitis, glanders, suppurative conjunctivitis, hook-worm disease, leprosy, malarial fever, measles, mumps, paratyphoid fever, plague, pulmonary tuberculosis, acute lobar pneumonia, influenza, rabies, rubella (German measles, rötheln), scarlet fever, epidemic sore throat, smallpox, tetanus, trachoma, trichinosis, tuberculous meningitis, typhoid fever, typhus fever, varicella (chickenpox), whooping cough, and yellow fever. Provided, that if the disease is typhoid fever, scarlet fever, diphtheria, epidemic dysentery, or epidemic septic sore throat, every such report shall also show whether the patient has been, or any member

Digitized by Google

of the household in which the patient resides is engaged or employed in the handling of milk, cream, butter or other dairy products for sale or preliminary to sale. (S. C Sec. 133, as amended by the Board of Health, September 17th, 1918.)

Section 87: Duty of Every Person to Report Persons Affected with an Infectious Disease.—When no physician is in attendance, it shall be the duty of every person having knowledge of any person affected with any disease, apparently or presumably infectious, to at once report to the Department of Health all facts in relation to the illness and physical condition of any such person. (S. C. Sec. 136-A.)

Section 88: Duty of Superintendents of Hospitals and Dispensaries and of Physicians to Report Cases of Venereal Diseases.—It shall be the duty of the manager, superintendent or person in charge of any correctional institution and of every public or private hospital, dispensary, clinic, asylum or charitable institution in the City of New York to report promptly to the Department of Health the name or initials, together with the sex, age, marital state and address, of every occupant or inmate thereof or persons treated therein affected with syphilis or gonorrhoea; and it shall also be the duty of every physician in the said City to promptly make a similar report to the Department of Health relative to any person found by such physician to be affected with syphilis or gonorrhoea. All reports made in accordance with the provisions of this section and all records of clinical or laboratory examinations indicating the presence of syphilis or gonorrhoea shall be regarded as confidential and shall not be open to inspection by the public or by any person other than the official custodian of such reports and records in the Department of Health, the Commissioner of Health and such other persons as may be authorized by law to inspect such reports or records, nor shall the custodian of any such report or record, the said Commissioner of Health, or any such other person divulge any part of such report or record so as to disclose the identity of the person to whom it relates. (As amended by the Board of Health, June 28th, 1917.)

Section 89: Isolation and Quarantine of Persons Affected with Infectious Disease.—It shall be the duty of every physician, immediately upon discovering a person affected with an infectious disease, to secure such isolation and quarantine of such person, or to take such other action as is or may be required by the Regulations of the Department of Health. (S. C., Sec. 138, as amended by the Board of Health, January 30th, 1917.)

MEETING OF THE SECTION ON PEDIATRICS OF THE ASSOCIATED OUT-PATIENT CLINICS.

The Section on Pediatrics of the Associated Out-Patient Clinics, which in 1914 adopted standards for Class A, B and C clinics, was reorganized on May 10, 1922, with the following officers: Chairman, Roger H. Dennett, M. D.; Vice-Chairman, William P. St. Lawrence, M.D.; Executive Secretary, Gertrude E. Sturges, M.D. Executive Committee: Murray Bass, M.D., Stafford McLean, M.D., Marshall C. Pease, Jr., M.D., Mark S. Reuben, M.D., Frank Howard Richardson, M.D., Louis C. Schroeder, M.D, Charles Hendee Smith, M.D., and the officers.

It was the opinion of the Section that the grading of clinics by an approved standard would serve as a strong lever in the improvement of clinic service. The Executive Committee of the Section was consequently instructed to proceed with the revision of the former standards and with the grading of the pediatric clinics represented in the Association.

The Section also discussed the desirability of a model pediatric clinic as a demonstration. Since it was thought that the operation of such a clinic would be an excellent method of stimulating the improvement of pediatric clinics, it was decided that the Section propose the plan to the Executive Committee of the Associated Out-Patient

Digitized by Google

Clinics and request funds to assist in such an enterprise. It was agreed that the selection of a place for the demonstration should be on a competitive basis, that the competition should be open to all member institutions of the Associated Out-Patient Clinics, and that the principles governing the selection of a demonstration site shall be agreed upon in advance and made public.

THE WORK OF THE LORENZ CLINICS.

In a very interesting article in the May issue of the Monthly Bulletin of the Department, Dr. Jacob Sobel, Dr. Franklin B. Van Wart, and Dr. Walter I. Galland detail the work of the Lorenz Clinics for cripples, held at the Department of Health in this city, from November 28, 1921, to March 17, 1922. The article is preceded by a Foreword by Commissioner Copeland.

While a copy of the Bulletin containing the article will be sent to any one interested, the following summary of the results of the work is given here:

There are approximately 36,000 cripples in New York City, about half of whom are children under sixteen years of age.

A reasonable number of the deformities are preventable.

Many of the deformities are entirely remediable or admit of a modification which would render them less incapacitating.

A large number of severe deformities and distortions which render these individuals bed or wheel-chair ridden could be so improved as to enable patients to walk with the aid of braces or crutches or both. Wheel-chair invalidism is very rarely justifiable.

Subjects who have been confined to bed or wheel-chairs for long periods of time, and have not used their limbs for weight bearing, are prone to fat embolism during bloodless corrective procedures.

There is a disposition to overfeed crippled invalids, so that they become extremely fat, and their weakened muscular system is unable to support the body weight.

Altogether too many cases of congenital dislocation of the hip have been unoperated prior to the sixth year of life. The work of these clinics has educated the public to the need and necessity, as well as to the possibility of complete cure in a large number of these cases, provided bloodless reduction is performed under the age of six, and preferably between two and five.

Congenital club foot becomes progressively more resistant to treatment with increasing age, and should be treated in the first years of life.

A relatively large number of cripples had discontinued or had failed to follow the advice given by American orthopedic surgeons.

Some of the failures following operations were due to lack of persistency on the part of parents and, perhaps, physicians, for it must be remembered that in the treatment of orthopedic conditions, the deformity tends to recur, unless persistently supervised for a long period.

Many parents whose children suffer from deformities due to severe cerebral or cerebro-spinal disease or injuries, congenital defects or nerve disease, imbecility, idiocy and to kindred conditions, and who have been advised time and again as to the incurability of the condition, still continue to expend unnecessary time, energy and money in the hope of a cure.

In a number of cases, deformities had become severe, extensive or exaggerated, either because of carelessness, indifference or neglect of parents or doctors or both.

This opportunity for examination by Dr. Lorenz brought to light many cases which had not been taken out of their homes for several years, some of whom could have been benefited by continued treatment, even though of long duration.

Digitized by Google

The ravages of infantile paralysis have been greater than generally supposed, and many of the marked contractures following the disease could have and should have been prevented or modified.

There has been an awakening of civic consciousness to the need and importance of prevention and early treatment of deformities.

There has resulted an increased confidence in the work of American orthopedic surgeons and a greater willingness of parents to submit their children to operation as advised by them.

The public has been aroused to the need of supporting homes and schools for cripples and of providing transportation to schools and clinics for those requiring care and treatment. The care for cripples will not end with the closing of these clinics, because the co-operation of associations and organizations for the after-care and treatment of cripples has already been enlisted.

There has been a popular misconception of the phrase "bloodless surgery." Dr. Lorenz uses and recommends cutting operations in many cases, and his bloodless methods have nothing to do with chiropractic or other non-surgical cults.

IMPORTATION AND EXPORTATION OF OPIUM.

The following figures, furnished by the Hygienic Laboratory of the U. S. Public Health Service, are interesting in connection with the regulation of the opium trade:

Importation by Months of Opium Containing Nine Per Cent and over of Morphia for the Calendar Years:

	1917 (pounds)	1918 (pounds)	1919 (pounds)	1920 (pounds)	1921 (pounds)
January	.....	13,975	8,538	77,763	.....
February	.....	7,995	13,645	32,718	8,527
March	.....	16,520	2,080	31,764	507
April	.....	32,272	49,207	13,410	14,665
May	.....	10,270	109,548	17,695	8,870
June	.....	12,475	96,382	4,757	11,622
July	12,756	24,961	73,496	5,669	6,060
August	12,093	8,091	55,235	11,243	4,886
September	15,677	5,216	62,158	1,692	16,667
October	7,100	5,494	94,067	4,455	10,804
November	1,160	14,679	104,306	9,314	10,660
December	15,541	7,673	61,610	880	8,400
Total	64,327	159,621	730,272	211,360	101,668

Exports by Months of Opium Containing 9 Per Cent and Over of Morphia for the Calendar Years:

	1917 (pounds)	1918 (pounds)	1919 (pounds)	1920 (pounds)	1921 (pounds)
January	.....	.....	150	5,014	230
February	.....	11	849	2,733	158
March	.....	.....	1,550	38,744	.....
April	.....	157	1,655	16,185	2,848
May	.....	.....	789	41,538	.....
June	.....	1,726	2,239	22,434	1
July	987	860	2,049	.....	.....
August	1,007	479	53,969	.....	.....
September	.....	158	9,450	400	.....
October	158	736	17,491	300	.....
November	.....	731	2,847	.....	.....
December	286	375	17,934	.....	250
Total	2,438	5,233	110,972	127,248	3,480

Digitized by Google

MORTALITY BULLETIN FOR THE WEEK ENDING MAY 27, 1922.

The mortality experienced in the city during the week just closed reflects a continuation of the conditions which have prevailed since January 1st, 1922, producing a higher weekly mortality than in each and every one of the corresponding weeks in the year 1921. Circumstances over which we have no control, such as the epidemic of influenza with its very potent effect on the mortalities from the pneumonias, and the exceedingly severe epidemic of measles, that most contagious and uncontrollable of all infantile contagious diseases, had as the result of their prevalence a disastrous effect upon the death rate of the city. There were 1,384 deaths and a rate of 12.37 reported during the week, as compared with 1,216 deaths and a rate of 11.03 in the corresponding week of 1921, an increase in the absolute number of deaths of 168 and in the death rate of 1.34, thus making a relative increase of 150 deaths, taking into consideration the increase in the population.

Measles still continued to rage, especially in the Boroughs of Manhattan, Bronx and Brooklyn, there having been 47 deaths reported during the week, as compared with 6 deaths in the corresponding week of 1921. In consequence of measles we find that there were 166 deaths reported from the pneumonias, as compared with 108, an increase of 58 deaths. Diphtheria and croup were credited with 21 deaths, as compared with 16, an increase of 5. In addition to these increases we have noted in the past the increase in the number of deaths from chronic organic diseases. The deaths from organic heart disease and kidney disease amounted to 359 during the week, as compared with 304 in the corresponding week of 1921, an increase of 55 deaths. To cancer were attributed 132 deaths, as compared with 117, an increase of 15. The increases of the mortality from the diseases just mentioned totaled 169, and as the increase for the week from all causes was 168, it is evident that the above mentioned causes were the factors determining this increased mortality. The mortality from whooping cough and scarlet fever was slightly lower as was also that from pulmonary tuberculosis.

Viewed from the point of age grouping we find that the mortality among infants under one year of age was practically the same, there having been only one death more during the week than in the corresponding week of 1921. At one year of age we find, however, the mortality almost double, there having been 67 deaths reported, as compared with 36, an increase of 31 deaths; at two years of age and under five there were 64 deaths reported, as compared with 34, an increase of 30; at five to fifteen there were 57 deaths reported, as compared with 56, an increase of 1; at the age group fifteen to twenty-five there were 81 deaths reported, as compared with 69, an increase of 12; at twenty-five to forty-five years of age there were 241 deaths reported, as compared with 212, an increase of 29; at forty-five to sixty-five years of age there were 420 deaths reported, as compared with 377, an increase of 43; and at sixty-five years of age and over there were 292 deaths reported, as compared with 271, an increase of 21.

The death rate for the first 22 weeks of the year was 14.43 per 1,000 of the population, as compared with a rate of 12.64, an increase of 1.79 of a point.

From January 1st to May 27th, 89 infants under one year of age died out of every 1,000 born, as compared with 78 deaths at this age group in the corresponding period of 1921, an increase of 11 per each 1,000 births reported.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ANTHRAX—Smyth, H. F. Industrial anthrax in Pennsylvania. (Nation's Health, May, 1922. pp. 290-294.)

BOTULISM.—Bronfenbrenner, J., and N. J. Schlesinger. Some of the factors contributing to toxicity of botulinus toxin by mouth. (A. M. A. Jour., May 20, 1922. pp. 1519-1521.)

CANCER.—Strong, W. M. Is cancer mortality increasing? (J. Cancer Res., July, 1921. pp. 251-256, tables.)

HEALTH.—Greenwood, Major. Influence of industrial employment upon general health. (Brit. Med. Jour., April 29, 1922. pp. 667-672, tables.)

ISOLATION.—Chapin, C. V. Isolation, its value and limitations. (Med. Off., April 29, 1922. pp. 179-181.)

MIDWIVES.—Evans, B. F. The secret of the midwives' success. (Maternity and Child Welfare, May, 1922. pp. 142-144.)

NATIONAL HEALTH COUNCIL.—Armstrong, D. B. The National Health Council. (Bost. M. & S. J., May 18, 1922. pp. 677-680.)

PRENATAL CARE.—N. Y. City, Health Dept. of. Prenatal care; pamphlet of advice for expectant mothers, prepared by Bureau of Child Hygiene. 1922. 15 p. (Better Well Leaflet No. 25.) [illegible]

SLEEP.—Gross, Malcolm. The sleep of elementary school children. (Lancet, April 20, 1922. pp. 636-638, charts, tables.)

SYPHILIS.—Feldman, Samuel. Diagnosis and treatment of primary, secondary, latent and tertiary syphilis. (Am. J. Syphilis, April, 1922. pp. 232-268.)

VENEREAL CLINICS.—Rytina, A. G. The Maryland State Department of Health venereal clinic. (Am. J. Syphilis, April, 1922. pp. 185-197.)

VITAL STATISTICS.—Gibson, C. R. Variations in vital statistics of adjoining districts. (Public Health [London], April, 1922. pp. 179-182, tables.)

WOMEN, EMPLOYMENT.—Swartz, Nelle. Women who work. (Survey, May 13, 1922. pp. 243-244, charts.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Mar. 4	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27
Total deaths	1666	1650	1607	1580	1534	1619	1577	1445	1508	1508	1475	1415	1384
Annual Death Rate	14.89	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13.43	13 47	13 18	12 64	12.37
*Acute Infectious Diseases	40	51	86	106	93	101	110	95	102	112	77	113	85
Pul. Tuberculosis..	107	103	108	114	126	119	117	107	102	105	99	89	103
Influenza	54	37	34	23	16	14	17	8	11	7	8	5	4
Lobar Pneumonia.	174	140	126	129	114	114	126	79	82	101	96	100	95
Broncho Pneum...	176	154	127	130	123	109	98	121	92	114	104	97	79
**Violent Deaths ...	77	78	72	93	70	82	78	62	64	82	81	64	73
Deaths under 1 year.	238	221	264	218	245	210	254	224	206	197	207	198	182
Rates per 1,000 births	91.1	86.5	103.4	83.6	96 2	82.7	100.0	88.2	81.4	78 0	P2.0	78.5	64 2
Deaths under 5 years	388	368	391	382	386	385	408	394	362	382	367	382	338
" 5-65 years ..	889	865	847	828	776	847	826	760	822	806	787	743	739
" 65 years and over	389	417	369	370	372	387	343	291	319	320	321	290	307

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	255	287	256	205	238	280	244	278	211	260	340	379	402
Diphtheria	221	230	268	272	302	278	244	270	289	320	287	300	303
Measles	1499	1665	1842	2019	2052	2590	2086	2403	2128	2214	2521	2251	2285
Scarlet Fever	340	458	404	434	421	388	354	275	328	359	331	353	296
Chickenpox	154	154	139	123	177	444	110	139	221	118	179	142	170
Influenza	592	310	178	120	99	59	42	25	29	25	29	19	23
Pneumonias	655	574	475	508	545	470	449	372	372	328	454	399	340
Typhoid Fever	7	6	..	8	7	4	8	9	8	5	12	11	6
Whooping Cough ...	96	114	84	82	95	122	79	91	94	98	129	110	90
Syphilis	341	370	346	242	278	284	243	362	307	3 7	224	354	321
Gonorrhoea	90	95	68	75	77	104	82	139	86	133	88	97	144
Poliomyelitis	1	2	8	2	1	1	1	1	2	1	1	1	4
Cerebro-spinal Meningitis	2	10	6	9	17	6	6	4	6	6	5	5	6
Total	4258	4270	4064	4094	4359	5020	3893	4368	4081	4174	4600	4321	4489

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, May 27, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	578	653	627	994	518	51	13 13	15 00	14.40
The Bronx	732,016	809,536	144	169	162	303	82	14	9.65	10.89	10 44
Brooklyn	2,018,356	2,117,227	376	434	454	952	219	45	9 44	10 70	11.19
Queens	469,042	516,683	79	94	107	214	17	7	8 28	9 49	10 81
Richmond	116,581	124,400	44	34	34	55	17	3	18.98	14 26	14 26
Total	5,620,048	5,889,738	1216	1384	1384	2518	803	120	11.08	12 87	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-one weeks of this year there were 33,907 deaths, a rate of 14.43 per 1,000 population. During the corresponding weeks of last year there were 29,262 deaths, a rate of 12.64 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	44	37	4	3	..	36	32	24	21	14	2	39	78	143	373	137
The Bronx	6	36	..	..	..	14	11	..		1	..	9	24	37	105	27
Brooklyn	26	22	1	3	1	44	18	5	5	4	..	21	44	91	246	97
Queens	2	11	..	2	..		7		..	..	..	6	12	17	55	22
Richmond		3	..	..	..	2	2	..	..	1	..	1	4	5	20	9
Total	78	109	5	8	1	96	70	29	26	20	2	76	162	293	799	292

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	75	71.8	12	11.4	11	4	133	32.4	18	4.4	35	8 5
The Bronx	27	98 2	2	6.9	..	..	46	29.4	2	1.3	10	6.4
Brooklyn	43	45 6	3	3.2	..	3	91	21 5	5	1.2	22	5.2
Queens	14	75 5	1	5.4	..	..	19	18 4	1	1 0	3	2.9
Richmond	3	54 2	..	.	..		4	17.5		...	..	...
City of New York.	162	64.2	18	7.1	11	7	293	26 2	26	2.3	70	6.3

During the first twenty-one weeks of this year 4,741 infants died, a rate of 89. per 1,000 births. During the corresponding weeks of last year 4,138 died, a rate of 78. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 5-20-'22.	138	115	78	59	71	65	37	24	15	2	1	1	9	..	33	19	..	576	169	1407
Admitted	30	45	58	24	18	18	13	19	6	..	..	..		..	11		..	20	19	281
Discharged	29	41	88	15	15	16	7	8	6	2	..	..	4	..	14	5	..	35	11	246
Died	..	5	14	8	.	8	4	4	..	..	..	..	..	..	..	..	..		8	36
Rem'g 5-27-'22.	139	114	79	65	74	64	39	31	15	..	1	1	5	..	30	14	..	561	174	1406
Total treated	168	160	131	83	89	83	50	43	21	2	1	1	9	..	44	19	..	596	188	1688

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and over
All causes	1884	1216	726	658	162	67	64	298	57	81	241	639	568
1. Typhoid Fever	3	2	2	1	..	..	..	..	..	2	1	..	
2. Malarial Fever	.	1	..	..	..	..	..	..	..	..	..		
5. Measles	47	6	25	22	12	16	16	44	3	..	..	..	
6. Scarlet Fever	5	7	3	2	..	..	4	4	1	..	..		
7. Whooping Cough	5	12	4	1	4	..	..	4	..	..		..	
8. Diphtheria	21	16	11	10	4	3	11	18	3	..			
9. Influenza	3	6	6	2	1	..	..	1	..	..	1	4	3
Poliomyelitis	1	..	1	..	..	1	1	..	..		..	..	
12. Other Epidemic Diseases	8	3	5	3	1	1	1	3	..	..	1	3	
13. Pulmonary Tuberculosis	109	114	65	44	1	1	..	2	2	26	50	25	4
14. Tbc. Meningitis	9	9	3	1	1	3	3	7	2		..	..	
15. Other forms Tbc.	12	3	6	6	1	2	.	3	..	3	4	1	1
16. Cancer, Malignant Tumor	132	117	53	79	..	..	1	1	..	5	18	65	43
17. Simple Meningitis	2	1	2	..	1	..		1		..	1	..	
17a. Cerebro-spinal Meningitis	5	..	1	4	3	..	..	3	1	..	1	..	
18. Apoplexy, Softening of the Brain	4	19	2	2	..		..	..		..		1	1
19. Organic Heart Diseases	289	215	117	122	..	..	1	1	7	7	21	105	148
20. Acute Bronchitis	1	12	..	1	..	1	..	1		..	..	..	
21. Chronic Bronchitis	.	1	..	..	..	..	..	..	..	..	..	..	
22. Lobar Pneumonia	96	67	55	41	5	14	5	24	5	2	20	25	20
22a. Broncho Pneumonia	70	41	28	42	23	17	7	47	2	..	4	19	7
23. Other Respiratory Diseases	4	5	3	1	1	..	..	1	2	..	1	..	
24. Diseases of the Stomach (Cancer excepted)	3	9	4	4	..	..	..	..		1	2	3	1
25. Diarrhoeal Diseases (under 5 years)	26	22	17	9	18	5	3	26		..			
26. Appendicitis and Typhilitis	19	9	11	8	1	..	3	4	5	4	2	2	2
27. Hernia, Intestinal Obstruction	10	9	5	5	..	..	..	..		..	2	7	1
28. Cirrhosis of Liver	6	11	3	3	1	..	..	1	..	..	2	2	1
29. Bright's Disease and Nephritis	102	77	49	53	..	1	..	1	..	..	21	40	40
30. Diseases of Women (not Cancer)	7	4	..	7		..	..	..		..	5	2	..
31. Puerperal Septicaemia	6	1	..	6	..			..		..	3	3	
32. Other Puerperal Diseases	10	17	..	10	..	..			..	2	8		
33. Congenital Debility, and Malformations	68	74	40	28	67	..	1	68	..	..	..		
34. Old Age	8	8	3	5	..	..	.	..	..	..		2	6
35. Violent Deaths	73	68	58	20	..	1	..	1	11	6	29	17	14
a. Sunstroke				..	..	..	..	..	..	..	..		
b. Other Accidents	73	62	56	20	..	1	..	1	11	5	23	17	14
c. Homicide	2	6	2	.	..	..	..	..	..	1	1	..	..
36. Suicide	20	23	15	5	..	..	..	..	..	3	5	10	2
*37. All other causes	282	224	123	109	17	2	7	26	13	17	96	82	48
38. Ill-defined causes	3	3	1	2	..	..	..	..	..	..	2	1	

Deaths in Institutions,	610	Mean temperature,	67.9 deg. Fahr.
Mean barometer,	29.94	Minimum temperature,	48.0 deg. Fahr.
Mean humidity,	64.1	Maximum temperature,	85.0 deg. Fahr.
Precipitation,	.13		

†If the deaths under one month, numbering 73 from all causes, be deducted from the total deaths under one year, the resulting rate will be 35 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 7, Diabetes 35, Alcoholism 2, Locomotor-Ataxia 1, Paresis 5, Arterio-sclerosis 44, all other congenital causes 11.

25a-2023-22-10
Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

EW SERIES, Vol. XI. JUNE 10, 1922. No. 23.

PUBLIC HEALTH EDUCATION IN THE RUSSIAN SETTLEMENT.

An interesting example of educational work done by the Bureau of Public alth Education of the Department of Health, has been recently completed the Russian settlement. About the middle of March, last, through the kind operation of Miss Fredericka Farley, Director of Home Nursing of the Red oss, a class in home nursing for Russian women was started at the Teaching nter, 24 Fifth Avenue.

Fifteen Russian women (none of whom spoke any English) were enrolled in e class. Ten completed the course. While the attendance was somewhat irgular, which was to be expected, there was great enthusiasm. A Russian nurse as provided by the Red Cross, who taught them the practical part of the work, id Dr. Dymow, Russian lecturer for the Bureau of Public Health Education, lecred to them in their own tongue.

The women were greatly interested, and have asked that the course be reated next year, which, with the co-operation of Miss Farley, it is hoped will be ssible. These women come from a class peculiarly in need of such instruction, they live in greatly overcrowded sections of the city, and, due to their inability read English, are unacquainted with the sanitary laws of this country.

We feel that this work is very well worthwhile, as few people bother with is large group, due to the difficulty of reaching them in the Russian language. e hope, however, to give similar courses in the Russian colony during the comg fall and winter.

WATERING TROUGHS IN STABLES PROHIBITED.

At a meeting of the Board of Health of the Department of Health of the City f New York held in the said city on the 23rd day of May, 1922, the following esolution was duly adopted:

RESOLVED, That the regulations governing the maintenance of stables and elating to Section 58 of the Sanitary Code, be and the same are hereby amended y the addition of a new regulation to be known as Regulation 14, to read as folows:

Digitized by Google

Regulation 14. No horse watering trough shall be permitted to be used or maintained in any stable or in the yard adjacent to such stable.

A True Copy.

CHARLES L. KOHLER, *Secretary.*

DR. W. GILMAN THOMPSON RESIGNS FROM THE ADVISORY COMMITTEE ON INDUSTRIAL HYGIENE.

Dr. W. Gilman Thompson has resigned from the Department of Health's Advisory Committee on Industrial Hygiene, and the chairmanship thereof, in order to give more attention to his private consultation work. He is giving all the time he can spare from this to the Reconstruction Hospital.

Dr. Thompson's loss is much regretted, as he has been of great assistance to the Department in industrial hygiene matters.

PHYSICIAN SEEKS INDUSTRIAL MEDICAL POSITION.

The Commissioner has received a letter from a physician, engaged in industrial medical practice in the West, asking to be put into communication with the officials of "some industry that has an established hospital department or that has a small hospital, or not any such service but where one could be built up."

Anyone who could make use of the doctor's services is requested to write Dr. Russell Strong, 735 Broad Street, Beloit, Wis.

GUARDING AGAINST UNSCRUPULOUS PATIENTS.

"Thoroughly practical is the annual report of Mr. George W. Whiteside, legal counsel, presented to the Medical Society of the State of New York at its recent annual meeting at Albany. From it are selected the following suggestions, offered for the protection of physicians in their relations to their patients:

"'Use X-Ray in diagnosis of all fractures and dislocations both before and after the fracture or dislocation is reduced. The X-Ray plate provides a permanent record of the condition and reduces the element of possible fraud upon the physician. In orthopedic work often ordinary photographs of conditions that would not be indicated by the X-Ray are likewise of value.

"'Where a physician is dismissed from a case, a letter to the patient, the physician retaining a carbon copy, fixing the time and circumstances, might prevent a future claim by the patient that the physician abandoned the case. This claim by patients has arisen in a number of cases, where the true facts clearly indicated that the physician was dismissed and another physician employed.

"'In cases of children particularly, although clinical diagnosis may not indicate diphtheria, cultures from the nose and throat should early be taken. Suits have been based upon the claim that such cultures were not taken, where fortunately the physician was able to show from the records of the Department of Health the taking of such cultures.

"'Where diphtheria is present in one child in a family, similar cultures may well be made of the other children and members of the family. This practice should at least be advised by the physician to the family and while of doubtless benefit to the family as a precautionary measure may eliminate and prevent the probability of claims against a physician.

"'The early use of antitoxin in all diphtheria cases in doses suggested by the health authorities is recommended.

"'Where intubation is necessary, insist that the patient be in charge of a nurse competent to act when conditions indicate the necessity of reintubation, so

Digitized by Google

at intubationists may be summoned promptly. In the absence of such expert rse advise hospital treatment.

"'Advise either patient or family of the probable outcome of disease or operion where feasible. This may avoid claims against a physician where unsatisctory results are inevitable in the nature of the case but, through patient's igorance or otherwise, claims against a physician are made.

"'Time and frequency of visitation to sick patients in serious cases should be termined by the physician and not by the family. A doctor's desire to save a tient expense may be considerate for the patient's purse but may be hazardous the doctor if subsequent claim of neglect of the case is made.

"'Keep records of every patient treated so that the transaction may be identied. Records made at the time of treatment may be invaluable to the physician establishing the falsity of the claim made against him.'"

—*New York Medical Week.*

TUBERCULOSIS IN NEW YORK CITY.

Quarter Ending March 31, 1921 and 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
New cases	1921	1654	331	817	172	49	3023
	1922	1648	384	896	156	43	3127
Total cases in register	1921	14502	3439	6588	1436	316	26281
	1922	14362	3335	6416	1453	294	25860
New patients examined at clinics	1921	1827	332	1169	195	48	3571
	1922	1916	411	1306	163	39	3835
Total visits to clinic	1921	8502	3185	6045	1601	318	19651
	1922	9408	2986	6929	1335	427	21085
Cases under supervision	1921	156	56	428	12	10	662
	1922	217	76	442	8	4	747
Voluntary renovations	1921	177	42	42	301	42	604
	1922	195	120	136	64	45	560
Sputums examined	1921	5437	1371	2537	536	79	9960
	1922	5924	1318	2616	374	104	10336
Positive sputums	1921	915	192	442	114	11	1674
	1922	1085	209	533	113	26	1966
Deaths from pulmonary tuberculosis	1921	708	149	457	96	37	1447
	1922	676	159	432	107	48	1422
Death rate per 1,000 of population	1921	1.26	.78	.89	.78	1.24	1.02
	1922	1.21	.80	.83	.84	1.57	.99
Deaths all forms of tuberculosis.	1921	812	180	528	109	40	1669
	1922	751	184	490	117	49	1581
Death rate per 1,000 of population	1921	1.45	.94	1.03	.89	1.34	1.18
	1922	1.34	.92	.92	.92	1.60	1.10

DIPHTHERIA IN NEW YORK CITY.

Quarter Ending March 31, 1921 and 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
Cases reported	1921	2141	889	2379	518	160	6086
	1922	1333	452	1220	196	39	3240
Deaths reported	1921	128	43	166	27	10	374
	1922	137	33	148	25	3	346
Primary cultures	1921	10756	3089	6267	1804	1418	23334
	1922	7092	2371	7365	1316	452	18596
Negative cultures	1921	9199	2416	4755	1409	1249	19028
	1922	6403	2051	6466	1222	423	16565
Treated at home	1921	1594	793	2021	452	118	4978
	1922	850	418	959	166	27	2420
Removed to D. of H. hospital	1921	547	96	358	68	42	1108
	1922	483	34	261	30	12	820
Immunizations	1921	1076	29	347	98	55	1605
	1922	614	10	382	48	17	1071
Case fatality	1921	.07	.05	.07	.05	.06	.06
	1922	.10	.07	.10	.13	.08	.11
Cases per 1,000 of population	1921	3.82	4.63	4.65	4.22	5.36	4.29
	1922	2.38	2.27	2.30	1.54	1.27	2.25
Deaths per 1,000 of population	1921	.23	.22	.32	.22	.33	.26
	1922	.24	.16	.28	.20	.10	.24

Digitized by Google

MEASLES IN NEW YORK CITY.

Quarter Ending March 31, 1921 and 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	C...
Population	1921	2276778	778528	2077674	497627	121252	5...
	1922	2271892	809536	2117227	516683	124400	5...
Cases reported	1921	1169	303	499	215	44	...
	1922	6061	1336	5004	1248	628	1...
Deaths reported	1921	33	4	8	1	3	...
	1922	180	16	90	17	3	...
Case fatality	1921	.03	.01	.02	.005	.07	...
	1922	.03	.01	.02	.01	.04	...
Cases per 1,000 of population ..	1921	2.08	1.58	.97	1.75	1.47	...
	1922	10.82	6.96	11.32	9.80	20.49	1...
Deaths per 1,000 of population ..	1921	.06	.02	.02	.01	.01	...
	1922	.32	.08	.17	.13	.01	...

SCARLET FEVER IN NEW YORK CITY.

Quarter Ending March 31, 1921 and 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	C...
Population	1921	2276778	778528	2077674	497627	121252	5...
	1922	2271892	809536	2117227	516683	124400	5...
Cases reported	1921	1965	1066	2580	993	10...	...
	1922	1513	687	1696	883	10...	4...
Deaths reported	1921	90	33	60	15	0	...
	1922	52	18	29	10	..	...
Treated at home	1921	1550	1015	2316	943	99	...
	1922	1155	655	1476	805	94	4...
Removed to D. of H. hospital ..	1921	415	51	264	50	9	...
	1922	358	32	220	78	14	...
Case fatality	1921	.04	.03	.02	.02	..	...
	1922	.03	.02	.02	.01	..	...
Cases per 1,000 of population ..	1921	3.50	5.56	5.04	8.10	3.60	4...
	1922	2.70	3.44	3.25	6.94	3.52	...
Deaths per 1,000 of population ..	1921	.16	.17	.12	.12	..	...
	1922	.09	.06	.06	.08	..	...

THE SCHICK TEST AND TOXIN-ANTITOXIN IMMUNIZATION URGED BY BROOKLYN PEDIATRIC SOCIETY.

The following is a copy of a circular being distributed to parents by the Brooklyn Pediatric Society. Dr. E. H. Bartley is chairman of the committee in charge of the work:

THE PREVENTION OF DIPHTHERIA.

A Message to Parents:

Everybody knows that diphtheria is a dangerous disease. Everybody does not know that diphtheria is easily preventable, and can be stamped out by a new method of protection, quite as effectual as vaccination against smallpox.

Not all children will contract diphtheria even when exposed to it. Most children, however, between the ages of one and six years are liable to catch the disease if exposed. To which class does your child belong?

It is your duty to protect your child from diphtheria, as you do from smallpox.

This method is safe, does not make the child sick, and protects in 85 to 95 per cent of cases for many years, and probably for lifetime. If all children were thus protected against diphtheria, the disease would soon be as rare as smallpox.

The Board of Health, the Board of Education and the Medical profession recommend it.

The Brooklyn Pediatric Society, composed of physicians especially interested in children's diseases, urges you to see your family physician about this. He will tell you all about it, and is prepared to test and vaccinate your children at any time.

BROOKLYN PEDIATRIC SOCIETY.

Digitized by Google

TEMPERATURE OF NEW YORK CITY COMPARED WITH THAT OF ITS SUBURBS.

"Editor Weekly Bulletin: The temperature means of New York City compared with those of the Mount Vernon Weather Bureau sub-station show that while monthly means vary rarely as much as a degree, the mean maxima and the mean minima, for each month, vary materially.

"In 1921, the means of the daily maxima and minima were as follows:

	Maxima.	Minima.	Means.
		Degrees	
New York City	61.9	47.3	54.6
Mount Vernon	63.7	44.5	54.2

"That is, the afternoons are about two degrees warmer, and the early morning hours about two degrees colder in Mount Vernon than in New York City.

"The difference seems to be due to the smoke, moisture, and dust content of the air. The clearer suburban air permits greater insolation and greater radiation of warmth. Occasionally, the difference is as great as ten degrees, or six degrees between maxima and four between minima. On very damp days maxima and minima are about the same, at the two stations.

"JACQUES W. REDWAY, *Geographer.*"

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 3, 1922.

During the week just closed there were 1,324 deaths and a rate of 11.83, as compared with 1,208 deaths and a rate of 10.96 during the corresponding week of 1921, an increase of 116 in the absolute number of deaths and .87 points in the rate, which is equivalent, taking into consideration the increase in population, to an increase of 97 deaths.

During the past week there were 44 deaths reported from measles, as compared with 5; 2 deaths from scarlet fever, as compared with 3; 17 deaths from diphtheria and croup, as compared with 27; 6 deaths from whooping cough, as compared with 6; 2 deaths from typhoid fever, as compared with 1. The contagious diseases show a decrease with the exception of measles which continues to run high.

There were 103 deaths reported from cancer, as compared with 117; 260 deaths from heart disease, as compared with 245, and 89 deaths from Bright's disease, as compared with 68. There was an increase of 28 deaths from the pneumonias, the figures being 126 and 98, respectively, and 104 deaths were reported from pulmonary tuberculosis, as compared with 111 in th corresponding week of last year.

There were 177 deaths of infants under one year of age, as compared with 148, an increase of 29 deaths. At the ages five to sixty-five there were 725 deaths, as compared with 720. The mortality at sixty-five years of age and over numbered 294, as compared with 255.

From January 1st to date 88 infants under one year of age died out of every 1,000 born, as compared with 77 deaths at the same age for the corresponding period of last year.

The death rate for the first 22 weeks of this year was 14.30, as compared with 12.55 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

CHILD WELFARE.—Lane-Claypon, J. E. The child welfare movement. Bell. 1920. 341 p. **614.99 L24cw**

EYE CLINICS.—Beals, M. B. Eye clinics conserve the New York City child. Clinics, under Bureau of Child Hygiene, coordinate with schools. (Nation's Health, May, 1922. p. 318, illus.)

FEEBLEMINDED.—Hilles, Eduth Feebleminded women in New York industries. (Nation's Health, May, 1922. pp. 287-289, tables.)

HAY FEVER.—Scheppegrell, William. Hay fever and asthma; care, prevention and treatment. 1922. 274 p., illus. **616.202Sc2**

HYGIENE.—Lane-Claypon, J. E. Hygiene of women and children. 1921. 354 p. **614.99 L24**

MILK.—Hull, T. G. Milk and public health. (Illinois, Public Health Dept. of. Illinois Health News, May, 1922. pp. 136-143, charts, tables.)

N. Y. CITY CAMPS.—Monaghan, F. J. Camps and beaches in the City of New York. (Nation's Health, May, 1922. pp. 264-265.)

RADIUM.—Bernays, E. L. Radium—its sources and uses. (Nation's Health, May, 1922. pp. 277-278, illus.)

TUBERCULOSIS. — Cummings, S. L. The clinical differences in the source of tuberculosis seen in various age groups and races. (J. State Med., May, 1922. pp. 203-207.)

VITAMINS.—Vaughan, V. C. Where do the vitamins come from? (J. Lab. & Clin. Med., May, 1922. pp. 504-505.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Mar. 11	Mar. 18	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27	June 3
Total deaths	1650	1607	1580	1584	1619	1577	1445	1503	1508	1475	1415	1384	1324
Annual Death Rate	14.74	14.36	14.12	13.71	14.47	14.09	12.91	13.43	13 47	13.18	12.64	12.37	11 83
*Acute Infectious Diseases	51	86	106	93	101	110	95	102	112	77	113	86	75
Pul. Tuberculosis..	108	108	114	126	119	117	107	102	105	99	89	109	104
Influenza	37	34	23	16	14	17	8	11	7	8	5	8	2
Lobar Pneumonia.	140	126	129	114	114	126	79	82	101	95	100	96	62
Broncho Pneum...	154	127	130	128	109	98	121	82	114	104	97	70	64
**Violent Deaths ...	78	72	98	70	82	78	62	64	82	81	64	78	82
Deaths under 1 year.	221	264	218	245	210	254	224	206	197	207	198	162	177
Rates per 1,000 births	86.5	103.4	83.6	96.2	82.7	100.0	88.2	81.4	78.0	82.0	78.5	64.2	70.1
Deaths under 5 years	368	391	382	386	385	408	394	362	382	367	382	293	305
" 5-65 years ..	865	847	828	776	847	826	760	822	806	787	743	799	725
" 65 years and over	417	369	370	372	387	343	291	319	320	321	290	292	294

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	287	256	205	293	280	244	278	211	260	340	379	402	229
Diphtheria	230	268	272	302	273	244	270	289	320	287	300	303	244
Measles	1665	1842	2019	2052	2590	2086	2403	2128	2214	2521	2251	2325	1399
Scarlet Fever	453	404	434	421	383	354	275	328	359	331	353	296	218
Chickenpox	154	139	123	177	444	110	139	221	118	179	142	170	156
Influenza	310	173	120	99	59	42	25	29	25	29	19	23	9
Pneumonias	574	475	503	545	470	449	372	372	328	454	399	340	256
Typhoid Fever	6	..	8	7	4	3	9	8	5	12	11	6	10
Whooping Cough ...	114	84	82	95	122	79	91	94	93	129	110	90	85
Syphilis	370	346	242	273	284	243	362	307	3 7	224	254	321	206
Gonorrhoea	95	68	75	77	104	32	139	86	133	88	97	144	110
Poliomyelitis	2	3	2	1	1	1	1	2	1	1	1	4	1
Cerebro-spinal Meningitis	10	6	9	17	6	6	4	6	6	5	5	6	4
Total	4270	4064	4094	4859	5020	3893	4368	4081	4174	4600	4321	4430	2927

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, June 3, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	575	602	595	997	312	43	13 18	13.82	13.66
The Bronx	732,016	809,536	138	155	156	297	40	11	9.25	9.99	10 05
Brooklyn	2,018,356	2,117,227	376	434	437	983	94	34	9.45	10.69	10.77
Queens	469,042	516,683	89	108	118	178	26	6	9.33	10.98	11.91
Richmond	116,581	124,400	30	25	18	60	15	1	12.91	10.49	7.55
Total	5,620,048	5,839,738	1208	1324	1324	2515	487	95	10.96	11 83	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-two weeks of this year there were 35,231 deaths, a rate of 14.30 per 1,000 population. During the corresponding weeks of last year there were 30,470 deaths, a rate of 12.55 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	35	42	2	1	1	26	26	14	14	7	5	36	84	139	345	118
The Bronx	4	19	..	..	1	7	6	4	3	..	..	7	12	22	90	43
Brooklyn	25	24	2	..	2	22	27	13	13	5	1	24	68	124	207	103
Queens	4	14	..	1	..	6	4	1	1	1	..	6	13	18	64	26
Richmond	1	5	..	..	..	1	1	..	..	..	..	3	..	2	19	4
Total	69	104	4	2	4	62	64	32	31	13	6	76	177	305	725	294

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	79	75 0	12	11.4	3	9	130	31.7	14	3.4	30	7.3
The Bronx	16	55.3	1	3.4	1	..	30	19.2	2	1.2	7	4.5
Brooklyn	67	71 1	11	11.7	..	10	122	28 8	14	3.3	25	5.9
Queens	15	80.8	1	5.4	..	1	21	20 3	1	1 0	5	4.8
Richmond	..	..	..	..	..	..	2	8.7	..	..	1	4.4
City of New York.	177	70.1	24	9.5	4	20	305	27.3	31	2.8	68	6.1

During the first twenty-two weeks of this year 4,918 infants died, a rate of 88. per 1,000 births. During the corresponding weeks of last year 4,286 died, a rate of 77. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 5-27-'22.	189	114	79	65	74	64	39	31	15	..	1	1	5	..	30	14	..	561	174	1406
Admitted	18	32	43	12	5	16	8	5	4	1	..	3	..	..	10	7	..	22	17	203
Discharged	28	43	48	13	14	14	22	10	..	..	..	..	..	..	4	1	..	27	11	235
Died	2	6	7	2	..	4	3	4	..	..	..	..	..	..	1	..	..	..	..	29
Rem'g 6-3-'22.	127	97	67	62	65	62	22	22	19	1	1	4	5	..	35	20	..	556	180	1345
Total treated	157	146	122	77	79	80	47	36	19	1	1	4	5	..	40	21	..	583	191	1609

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1824	1208	671	653	177	80	48	305	53	66	235	371	794
1. Typhoid Fever	2	1	..	2	..	..	..	..	..	..	2	..	
2. Malarial Fever	.	.	.	.	..	..	..	..	..	..	..	..	
5. Measles	44	5	30	14	18	18	8	44	..	..	..	..	
6. Scarlet Fever	2	3	2	..	.	1	1	2	..	..	..		.
7. Whooping Cough	6	6	5	1	2	2	2	6	..	.		..	..
8. Diphtheria	17	27	9	8	3	3	10	16	1		..		
9. Influenza	2	6	1	1	..	1	..	1	.	1	..	..	.
Poliomyelitis	..	..	..	..	..	..	..	..			..	..	..
12. Other Epidemic Diseases	8	4	5	3		1		4	..	1	..	3	..
13. Pulmonary Tuberculosis	104	111	62	42	1	2	1	4	3	17	48	27	5
14. Tbc. Meningitis	7	9	4	3	4	2	..	6		..	..	1	.
15. Other forms, Tbc.	7	9	3	4	1	..		1	1	..	5	..	..
16. Cancer, Malignant Tumor	108	117	47	56	..	..	1	1	1	1	14	53	38
17. Simple Meningitis	5	4	4	1	1	..		1	1	..	2	1	.
17a. Cerebro-spinal Meningitis	4	..	1	3	2	..	..	2	1	..	1	..	
18. Apoplexy, Softening of the Brain	11	14	8	3	..		..	..		..		2	9
19. Organic Heart Diseases	242	232	107	135	..	..	1	1	7	10	33	90	101
20. Acute Bronchitis	4	7	1	3	1	1	1	3		..	..	.	1
21. Chronic Bronchitis	1	1	..	1	.	.	.	.	..		..	1	..
22. Lobar Pneumonia	62	60	31	31	6	5	5	16	3	2	17	12	12
22a. Broncho Pneumonia	64	38	30	34	18	21	6	45	1	.	3	7	8
23. Other Respiratory Diseases	15	4	11	4	1	5	..	6	1	1	3	3	1
24. Diseases of the Stomach (Cancer excepted)	5	9	4	1	2	..	..	2		..	2	1	..
25. Diarrhoeal Diseases (under 5 years)	31	24	11	20	24	4	3	31		..			.
26. Appendicitis and Typhilitis	19	13	10	9	..	1	1	2	2	5	7	3	.
27. Hernia, Intestinal Obstruction	12	12	6	6	2	..	..	2	2	..	2	3	3
28. Cirrhosis of Liver	7	5	5	2	..	..	..	..	..	..	2	3	2
29. Bright's Disease and Nephritis	89	68	45	44	..	..	..	.	..	3	8	44	34
30. Diseases of Women (not Cancer)	14	6	..	14			..	.		1	8	5	..
31. Puerperal Septicaemia	2	6	..	2	.			..		1	1	..	
32. Other Puerperal Diseases	14	11	..	14	..	..				3	10	1	..
33. Congenital Debility, and Malformations	66	67	39	27	65	..	..	65	..	1	..		..
34. Old Age	6	4	4	2		..		..	..	..			6
35. Violent Deaths	82	84	57	25	1	1	7	9	15	7	24	20	7
a. Sunstroke	..	..	..	..	..	..	.	..	..	..	.		..
b. Other Accidents	76	79	52	24	1	1	7	9	14	7	20	19	7
c. Homicide	6	5	5	1	..	..	..	..	1	..	4	1	..
36. Suicide	18	22	10	8	..	..	.	..	..	2	4	6	1
*37. All other causes	254	216	119	135	22	12	1	35	14	10	39	85	71
38. Ill-defined causes	..	8	..	..	..	..	..		..		..	..	.

Deaths in Institutions,	562	Mean temperature,	67.3 deg. Fahr.
Mean barometer,	29.96	Minimum temperature,	48.0 deg. Fahr.
Mean humidity,	73.3	Maximum temperature,	85.0 deg. Fahr.
Precipitation,	1.02		

†If the deaths under one month, numbering 77 from all causes, be deducted from the total deaths under one year, the resulting rate will be 40 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 7, Syphilis 12, Diabetes 28, Alcoholism 1, Locomotor Ataxia 2, Paresis 7, Arterio-sclerosis 62, all other congenital causes 8.

Digitized by Google

25a-2039-22-O'C

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JUNE 17, 1922. No. 24.

CAMPS AND BEACHES IN THE CITY OF NEW YORK.

From an article by Frank J. Monaghan, M. D., Deputy Commissioner of Health, in The Nation's Health, May, 1922.)

"Up to a few years ago the sojourner from the city to the country during the summer was limited to a vacation season that varied from two to three weeks, with the exception of a small class who could afford the expenditure of time and money necessary to prolong the period. The mountains and the seashore were patronized by thousands of city dwellers, who endured the fare of the country boarding house in order that they could derive the benefits of life in the open and have an opportunity to breathe the pure air of the country for a few weeks.

"The ranks of the patrons of the country boarding house are now augmented by thousands of others who establish camps, consisting of tents or bungalows, near a beach within the city limits. The former patron of the boarding house is also found in this newly developed class in large numbers. His limited vacation of previous years he finds can be greatly extended for the same amount of money, since the family meals are prepared as at home and the item of transportation is practically negligible.

A New Health Problem.

"The City of New York has encouraged the establishment of these camps by setting aside large tracts of undeveloped park land for their use, and many landholders have profitably entered into the enterprise by renting unoccupied space that was being held awaiting a rise in value.

"About sixty-two thousand city dwellers occupied these camps during the summer of 1921. Many other city residents, whose numbers are unknown, also maintained them outside the city limits within short distance from New York.

"Their occupancy has created conditions that have been of much concern to the Board of Health, for although the movement has for its primary object the attainment of a higher standard of public health, its attendant consequences, where strict sanitary supervision is lacking, represent a decided move in the opposite direction.

Digitized by Google

"To regulate properly the movement of a large number of people from their substantial city homes, where sanitary appliances are fixed for the disposition of waste matter and for providing light, ventilation and water, into the flimsy structures in the camps, with incomplete sanitary arrangements and restricted space, is the problem the public health official has to solve.

"The large majority of the campers are totally unacquainted with any mode of life, excepting the one they have been leading in the city for years. The resourcefulness of the country dweller gained from experience, to improvise the adjuncts necessary for his comfort and to observe precautions against conditions that are known to be inimical to the health of his family, are faculties that are poorly developed in the average city camp colonist. He only hears a loud and strong call to the primitive life, which conveys pleasant anticipations that produce exhilarating effects, but not even a murmur of the unknown and hidden impediments that mysteriously appear as his journey advances through the new field.

"To watch the arrival of a family from the city at one of these camps and their awkward attempts to adjust their living conditions so as to conform to the limited conveniences offered for their use, represents an active and comprehensive visualization of the subject that is of great benefit to the sanitarian who is charged with the guardianship of their physical welfare.

"Let us take a trip through the camp with him on his tour of inspection. He first observes the slope of the land and the arrangements for surface drainage, for although the sun is shining brightly now, the time will come when the waters from the clouds above will pour upon the earth and flow along the lines of gravity and least resistance. He pays special attention to the portion of the ground surrounding the dwellings, for the prevention of dampness by means of proper drainage is a question of prime importance with him. Will the water impound is the second consideration, for if it does the ground will be soggy for a long time or possibly the water may lay for a length of time sufficient to allow the breeding of mosquitoes

"He knows in advance that there are no sewers, for this ordinary city convenience is seldom found in a camp. The privy can system will have to be substituted. The regulations require that these cans be tightly constructed of metal; that they be set upon a base of non-absorbent material with the tops close to the seats and that the base be at least four inches above the surrounding ground; that the seats be provided with tight fitting covers; that an adequate supply of sand or lime be provided in the privy house and that the privy house be adequately ventilated and screened against flies.

"When possible, a scavenger service must be maintained. The contents of the cans must be buried deep in a remote place. All garbage and refuse must be kept in tight metal cans provided with tight fitting metal covers, and be removed from the premises daily. Cesspools must be built to receive the discharge of the liquid waste from the kitchens and wash tubs, for city dwellers in the country are prone to throw their liquid waste on the ground. A supply of drinking water drawn from an approved source must be piped to the camp and at least one tap must be provided for every four tents. It is the duty of the Sanitary Inspector to instruct the colonists upon the precautions to be observed in their new method of life, including impressing upon them the necessity of using every possible means of ventilation to provide a constant stream of pure air within the confined quarters they are occupying temporarily and the building of platforms and barriers to dampness.

Competent Supervison.

"The camp must be under the supervision of a competent person who will be

Digitized by Google

held responsible for enforcing the regulations of the Board of Health during the absence of the Sanitary Inspector.

"The Board of Health has before it as an example, the large number of deaths that occurred in the military camps in this country during the war as a result of influenza. Although typhoid can be prevented through immunization, influenza spreads quickly in quarters that are restricted or improperly ventilated.

"We now visit the beach nearby. In addition to the campers, it is also used by a large number of transients from the city. The proximity of the nearest sewer is first ascertained. If a sewer is within five hundred feet the beach cannot be used for bathing purposes. If over that distance away, the contents of the sewer are colored and the colored liquids observed as they float from the sewer. The colored appearance is retained for a long time, the tests are made under varying tides and if the coloring matter reaches the beach it is a positive indication that the sewage does too. There are certain waters within the confines of the City of New York that are polluted and bathing is not allowed in them under any conditions.

"Strong life lines of rope, life belts, surf boats and a competent life guard are required.

"The dressing rooms must be substantial and clean and the accommodations for the two sexes must be located in separate parts of the establishment. Sufficient water closet accommodation and an adequate supply of drinking water are required for the patrons. Special attention is given to the sterilization of all towels, suits, stockings, and other paraphernalia used by the bathers. They must be sterilized after each use.

"In addition to the beaches near camps, there are also many large ones that are patronized by people from hotels or cottages and by transients. They are supervised the same as the other beaches referred to.

"The housing shortage in New York accelerates the summer movement toward the beaches. It is a well known fact that has been brought out through investigation that nearly all of the available homes in New York are occupied. The only ones that are not, being those that are held for exorbitant rents or that are in a bad state of repair. Families have conbined in order to secure quarters and all of the tenement buildings contain more people than they did before the war.

"For this reason people start for the camps earlier than usual and stay as long as the temperature will permit. Beyond doubt the movement contains much that will benefit the health of those who participate, and as time goes on and the campers gain experience conditions will improve. In the meantime, however, the Board of Health exercises unusual vigilance in dealing with the subject of camps, for it is fraught with possibilities that are liable to be more of a menace than a help in promoting the physical welfare of the people of the City of New York."

FOLLOW-UP OF MIDWIVES IN BROOKLYN.

Three cases of midwives found to be practicing medicine without a license were, recently, referred to the Police Department. One midwife had distributed cards that stated she was a specialist in diseases of the uterus. Investigation showed that the midwife had in her possession chloroform, alcohol, hyperdermic syringe and needles, and some unidentified ampules. A young unmarried woman was in the house being treated by the midwife, when the nurse from the Department called.

Digitized by Google

THE VALUE OF SUNLIGHT TO CHILDREN.

For some years the importance of fresh air has been realized for the growing child. Physicians have been preaching the gospel of fresh air to mothers, and teaching them that even the young infant is benefited by fresh air in the winter as well as in the summer. The importance, however, of sunlight has not been stressed, except in the treatment of tuberculosis—especially the work of Rollier, in Switzerland, who obtained such excellent results in bone tuberculosis.

The recent work of Hess clearly indicates that the growing infant needs not only fresh air bnt sunlight and, like the growing plant, will not thrive successfully in the dark. In a recent number of the American Journal of Public Health (February, 1922) he described the treatment of cases of rickets by frequent short exposures to direct sunlight. When the babies were exposed to the sun, daily, for about 15 minutes to an hour, he says that they not only improved in general vigor and nutrition, but the signs of rickets rapidly disappeared. First their legs, and then their arms, and, when the weather was mild, their chest and back were exposed. It is believed that the effect is not due to the light rays, but to what has been termed the actinic or chemical rays. These, he says, have but little penetrating power and cannot readily pierce the clothing.

Such experiences show the need of improving the housing conditions of the poor, and the elimination of the dark tenements which shut out all the sunlight. They indicate that sunlight is not a luxury for the growing child but a necessity; that in depriving the infant of sunlight, we are depriving him of something which is necessary to his proper and normal growth.

As regards rickets, it shows that this disorder is not simply of a dietetic nature; that those who have for many years contended that poor hygiene played an important role in its causation, rested their claims on a sound foundation, and that rickets is both a dietetic and a hygienic disorder, and that it is not sufficient merely that a baby be breast-fed but that it should also receive its share of sunlight. This is of especial importance in regard to the infants of the Italian and the Negro who, as we know, are especially susceptible to rickets, and who, for various reasons, are kept closely confined in crowded quarters during the cold months. Every effort should be made to make mothers of these races less fearful of the cold, and induce them to take their babies out in the open in the winter as well as in the summer.

In stressing the importance of sunlight, it should still be borne in mind that cod liver oil is a specific for rickets, that it will either prevent its occurrence, or cure the disorder when it has come about. This was shown by Dr. Hess in his study of the Negro babies of the Columbus Hill District, some years ago, and was likewise demonstrated in a test by the Department of Health a few years later. Cod liver oil, however, must be regarded as a drug, and is, probably, unnecessary in connection with rickets, were it not for the conditions of modern civilization which confine people in congested quarters and do not permit them to live the natural outdoor life to which they are physiologically adapted.

The Department feels that a knowledge of the preventive and curative value of fresh air and sunlight is so important that it should be brought to the attention of parents, both by word of mouth from physicians and Departmental agents detailed to child welfare work, and in the form of educational literature.

HOOKWORM REMEDY FOUND IN CARBON TETRACHLORIDE.

"Following the discovery by the United States Department of Agriculture that the chemical, carbon tetrachloride, is effective against hookworms in animals, nu-

Digitized by Google

merous trials in various parts of the world have given strong indication that it is the long-sought remedy for this parasite in human beings. This important advance adds another discovery to the list of those that Department scientists have contributed to human medicine, one of the most important of which is the fact that certain diseases may be transmitted from one animal to another by such external parasites as ticks and insects. If it comes up to expectations,—and all tests made so far have been highly encouraging—this drug will be a boon to millions of people in many parts of the world.

"The Department has demonstrated beyond doubt that this chemical is a remedy for hook-worm and related blood-sucking worms in animals, and its use for this purpose was first called to the attention of the medical profession in the Journal of the American Medical Association for November 19, 1921, by Dr. Maurice C. Hall, who made the investigations.

"According to a recent article in a London medical journal, natives in the Fiji Islands have been given this treatment for hookworm with satisfactory results. Ninety-eight per cent of the parasites were removed with one dose of carbon tetrachloride and no bad effects were noticed. The absence of harmful effects on the patients, in the tests so far, is very encouraging, as the danger attendant on the employment of the drugs most used at present constitutes a serious handicap to the work of hookworm eradication. The new treatment is, also, extremely cheap, the chemical being one that is commonly used for cleaning clothing.

"At the present time the Department's discovery is being tried out as a drug for removing hookworms from the people in the Southern States, on the Pacific coast, in India, Ceylon, Dutch Guinea, the Fiji Islands and Brazil"—(*Boston Medical and Surgical Journal, May* 4, 1922.)

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 10, 1922.

During the week just closed there were 1,284 deaths and a rate of 11.47, as compared with 1,070 deaths and a rate of 9.71 during the corresponding week of 1921, an increase of 214 in the absolute number of deaths and 1.76 points in the rate, which is equivalent, taking into consideration the increase in population, to an increase of 197 deaths.

During the past week there were 38 deaths reported from measles, as compared with 2; 6 deaths from scarlet fever, as compared with 7; 25 deaths from diphtheria and croup, as compared with 12, an increase of 13 deaths; 4 deaths from whooping cough, as compared with 4. The contagious diseases show an increase of 47 over the corresponding week of 1921.

There were 110 deaths reported from cancer, as compared with 110; 251 deaths from heart diseases, as compared with 208 and 84 deaths from Bright's disease as compared with 64. There was an increase of 32 deaths from the pneumonias, the figures being 183 and 151 respectively, and 111 deaths reported from pulmonary tuberculosis, as compared with 112 in the corresponding week of last year.

There were 179 deaths of infants under one year of age, as compared with 139, an increase of 40 deaths. At the ages five to sixty-five there were 693 deaths, as compared with 629. The mortality at sixty-five years of age and over numbered 293, as compared with 237.

From January 1st to date 88 infants under one year of age died out of every 1,000 born, as compared with 76 deaths at the same age for the corresponding period of last year.

The death rate for the first 23 weeks of this year was 14.18, as compared with 12.44 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street
Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

BUSINESS.—Rowntree, B. S. The human factor in business. Longmans. 1921. 178 p., tables. **331 R79**

DIPHTHERIA.—Robinson, J. W. Reasons for the failure of our methods to control diphtheria. (Am. J. Pub. Health, June, 1922. pp. 497-502.)

MILK, ANALYSIS.—Hatfield, H. M., and W. H. Park. A study of the practical value of the Frost little plate method in the routine colony count of milk samples. (Am. J. Pub. Health, June, 1922. pp. 478-487, plates, tables.)

MOSQUITOES.—Becker, W. V. Methods suggested for the extermination of mosquitoes. (Am. J. Pub. Health, June, 1922. pp. 509-513.)

NUTRITION.—Emerson, W. R. P. Nutrition and growth in children. Appleton. 1922. 342 p., illus. **612.39 Em3n**

NUTRITION.—McCollum, E. V. The newer knowledge of nutrition; the use of food for the preservation of vitality and health. Sec. edit., 1922. 449 p., tables. **612.39 M12n2**

N. Y. CITY MILK SUPPLY.—Rogers, Sherman. Clean milk for the Metropolis. 1922. pp. 211-215, illus. **VF**

POLIOMYELITIS.—Lovett, R. W. The diagnosis, prognosis and early treatment of poliomyelitis. (A. M. A. Jour., May 27, 1922. pp. 1607-1611.)

RATS.—Rucker W. C. The Panama Canal rat guard. (U. S. Public Health Service. Public Health Reports, May 19, 1922. pp. 1207-1209, illus.)

TUBERCULOSIS.—Gammons, H. F. Practical tuberculosis; a book for the general practitioner and those interested in tuberculosis. 1921. 158 p. **614.542 G14**

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Mar. 8	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27	June 3	June 10
Total deaths	1607	1580	1584	1619	1577	1445	1508	1508	1475	1415	1384	1324	124
Annual Death Rate	14.86	14.12	13.71	14 47	14.09	12.91	13 48	13 47	13.18	12 64	12.37	11 83	11 0
*Acute Infectious Diseases	86	106	93	101	110	95	102	112	77	113	86	75	7
Pul. Tuberculosis..	108	114	126	119	117	107	102	105	99	89	109	104	11
Influenza	34	28	16	14	17	8	11	7	8	5	5	5	
Lobar Pneumonia.	126	129	114	114	126	79	82	101	95	100	96	62	6
Broncho Pneum...	127	130	128	109	98	121	82	114	104	97	70	64	7
**Violent Deaths ...	72	98	70	82	78	62	64	82	81	64	78	82	6
Deaths under 1 year.	264	218	245	210	254	224	206	197	207	198	162	177	1
Rates per 1,000 births	103.4	88.6	96 2	82.7	100.0	88 2	81 4	78 0	82 0	78 5	64 2	70 1	7
Deaths under 5 years	391	382	386	385	408	394	362	352	367	382	283	305	2
" 5-65 years ..	847	828	776	847	826	760	822	806	787	743	799	725	6
" 65 years and over	369	370	372	387	348	291	319	320	321	290	222	294	2

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	256	205	293	280	244	278	211	260	340	379	402	329	3
Diphtheria	268	272	302	273	244	270	289	320	257	300	303	244	2
Measles	1842	2019	2052	2590	2086	2403	2128	2214	2521	2251	2325	1389	1
Scarlet Fever	404	434	421	388	354	275	328	359	331	353	296	273	1
Chickenpox	139	123	177	444	110	139	221	113	179	142	170	156	1
Influenza	178	120	99	59	42	25	29	25	29	19	23	9	
Pneumonias	475	503	545	470	449	372	372	328	454	399	340	256	2
Typhoid Fever	..	8	7	4	3	9	8	5	12	11	6	10	
Whooping Cough ...	84	82	95	122	79	91	94	98	129	110	90	85	
[illegible]hilis	346	242	273	284	243	362	307	317	224	254	321	206	2
[illegible]rrhoea	68	75	77	104	32	139	86	133	88	97	144	110	1
[illegible]nyelitis	3	2	1	1	1	1	2	1	1	1	4	1	
[illegible]o-spinal Meningitis	6	9	17	6	6	4	6	6	5	5	6	4	
[illegible]al	4064	4094	4359	5020	3893	4368	4081	4174	4600	4321	4430	2967	2

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, June 10, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	496	619	587	1085	557	45	11 87	14.21	13 48
The Bronx	732,016	809,536	129	137	151	316	291	15	8 64	8.33	9 73
Brooklyn	2,018,356	2,117,227	331	400	419	896	398	48	8 31	9.86	10 33
Queens	469,042	516,683	74	87	99	185	111	13	7.76	8.78	10 00
Richmond ...	116,581	124,400	40	41	28	70	17	..	17 21	17.20	11 75
Total	5,620,048	5,839,738	1070	1284	1284	2552	1374	121	9 71	11 47	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-three weeks of this year there were 36,515 deaths, a rate of 14.18 per 1,000 population. During the corresponding weeks of last year there were 31.540 deaths, a rate of 12.44 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Dis cases details elsewhere	Pulmonary Tuberculosis	Cerebro-spina Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Dis cases, all Ages	Diarrhoeal Dis eases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	42	53	..	1	..	21	35	16	15	6	2	33	97	169	330	120
The Bronx	5	20	..	..	1	6	7	1	1	2	.	8	10	18	78	41
Brooklyn	20	16	..	1	..	18	19	6	5	7	6	16	54	81	222	97
Queens	.	9	..	..	..	1	11	1	1	..	..	1	13	19	43	25
Richmond	6	13	..	..	..	1	..	..	..	..	..	1	5	11	20	10
Total	73	111	..	2	1	47	72	24	22	15	8	59	179	298	693	293

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	87	82 7	12	11.4	9	5	151	86 8	13	3.2	35	8 5
The Bronx	19	65 6	2	6 9	..		32	20.5	3	1.9	9	5.8
Brooklyn	54	57 4	5	5.3	..	5	83	19 6	5	1.2	16	3 8
Queens	14	75 5	..	....	..		21	20 3	1	1 0		
Richmond	5	89 3	..	....	..		11	48 1		....	6	26 2
City of New York.	179	70.9	19	7 5	9	10	298	26 7	22	2 0	66	5.9

During the first twenty-three weeks of this year 5,097 infants died, a rate of 88. per 1,000 births. During the corresponding weeks of last year 4,425 died, a rate of 76. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 6 3- 22..	127	97	67	62	65	62	22	22	19	1	1	4	5	..	35	20	.	556	180	1345
Admitted	19	25	29	31	8	15	6	11	2	2	1	..	..	..	..	8	.	24	16	197
Discharged ..	31	35	30	18	24	11	7	7	2	..	..	3	5	..	13	6	..	5	9	206
Died	2	5	15	4	2	4	..	2	..	..	..	..	..	..	..	1	..		3	38
Rem'g 6-10-'22.	113	82	51	71	47	62	21	24	19	3	2	1	..	..	22	21	..	575	184	1298
Total treated	146	122	96	93	73	77	28	33	21	3	2	4	5	..	35	28		580	196	1542

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-14	15-24	25-44	45-64	65 and Over
All causes	1284	1070	693	591	179	59	60	298	56	69	223	345	283
1. Typhoid Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
3. Measles	38	2	18	20	11	14	12	37	1	..	..	..	..
4. Scarlet Fever	6	7	5	1	..	..	4	4	2	..	..	..	..
5. Whooping Cough	4	4	1	3	2	2	..	4					..
6. Diphtheria	25	12	17	8	3	11	7	21	4	.			
9. Influenza	2	4	..	2	..	..		..			1	1	.
Poliomyelitis	..	..	..	..	..	..	..	..				..	..
12. Other Epidemic Diseases	7	2	2	5	2	1		3		.	1	2	1
13. Pulmonary Tuberculosis	111	112	74	37	2	1	..	3		26	50	27	5
14. Tbc. Meningitis	18	2	10	8	2	2	5	9	1	1	2	.	
15. Other forms Tbc.	6	11	3	3	..	..		..	..	..	5	1	.
16. Cancer, Malignant Tumor	110	110	48	62	..	..	..	..	..	1	14	67	29
17. Simple Meningitis	5	3	2	3	..	1		1	1	..	1	2	
17a. Cerebro-spinal Meningitis	..	7	..	..	..	..	..	..	..		..	..	
18. Apoplexy, Softening of the Brain	10	14	1	9	..		..	..		..	1	1	8
19. Organic Heart Diseases	237	194	109	128	..	..	2	2	13	5	29	84	104
20. Acute Bronchitis	1	5	..	1	..	..	..	..		..	..	..	1
21. Chronic Bronchitis	1	1	..	1	1	..		1	..		..	..	..
22. Lobar Pneumonia	47	48	32	15	3	5	4	12	3	2	18	9	3
22a. Broncho Pneumonia	72	39	37	35	26	12	8	46	..	2	4	7	13
23. Other Respiratory Diseases	11	2	3	3	3	3	..	6		1	1	2	1
24. Diseases of the Stomach (Cancer excepted)	9	6	6	3	..	..	..	..		..	4	3	2
25. Diarrhoeal Diseases (under 5 years)	22	22	11	11	19	3	..	22	..			.	..
26. Appendicitis and Typhilitis	26	13	12	14	..	..	2	2	4	3	3	9	.
27. Hernia, Intestinal Obstruction	10	3	3	7	..	..	..	..	..	..	2	5	3
28. Cirrhosis of Liver	6	6	5	1	..	..	..	..	..	..	1	4	1
29. Bright's Disease and Nephritis	84	64	35	49	..	..	..		1	3	8	32	40
30. Diseases of Women (not Cancer)	6	5	..	6			..			1	2	2	1
31. Puerperal Septicaemia	2	5	..	2	..					1	1	..	
32. Other Puerperal Diseases	14	10	..	14	..	..				4	10	..	
33. Congenital Debility, and Malformations	78	70	48	30	76	..	2	78	..	..	..		..
34. Old Age	5	3	2	3								..	5
35. Violent Deaths	67	57	58	9	1	1	1	3	12	9	20	19	4
a. Sunstroke	..			..	.		.	..	.		..	..	
b. Other Accidents	59	52	50	9	1	1	1	*3	12	7	18	15	4
c. Homicide	8	5	8	.	..	..	..		..	2	2	4	..
36. Suicide	15	18	8	7	..	..			..	2	3	3	1
*37. All other causes	234	198	138	96	28	3	13	44	14	8	36	65	67
38. Ill-defined causes	..	5	..	..	..	..	..		..	..	..	..	

Deaths in Institutions,	621	Mean temperature,	77.3 deg. Fahr
Mean barometer,	29.82	Minimum temperature,	63.0 deg. Fahr.
Mean humidity,	68.0	Maximum temperature,	91.0 deg. Fahr
Precipitation,	1.58		

†If the deaths under one month, numbering 84 from all causes, be deducted from the total deaths under one year, the resulting rate will be 38 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 9, Diabetes 23, Alcoholism 8, Locomotor Ataxia 1, Paralysis 5, Arterio-sclerosis 64, all other congenital causes 15.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JUNE 24, 1922. No. 25.

DANGERS FROM ILLUMINATING GAS.

As a consequence of an increased number of deaths from illuminating gas poisoning and the advertisement of a gas company in a city newspaper recommending that gas water-heaters be connected to a flue, the Division of Industrial Hygiene of the Department undertook an investigation of the questions involved.

As a preliminary, at the direction of the Deputy Commissioner, the Sanitary Expert of the Department, Dr. Joseph A. Shears, prepared a special report upon the question, which is given below:

To the Deputy Commissioner:—I have the honor to submit for your information the following report on combustion of illuminating gas. I have taken this matter up in detail so that the subject can be viewed from each and every angle. Perfect combustion of illuminating gas has a highly beneficial effect on the quality of air. It has been assumed that because of the burning of gas, and the discharge of products of combustion into a room a vitiation of the atmosphere must result. The combustion of illuminating gas produces, from a chemical standpoint, four different effects upon the air taken from a room, mixed with the gas in the burner and discharged back into the room.

First: The amount of oxygen is reduced.

Second: The amount of carbon-dioxide is increased.

Third: A very small amount of sulphur-dioxide is added.

Fourth: Dust and bacteria are removed by incineration.

The first, second and third effects are caused by oxygen combining with the carbon and sulphur maintained in the gas and this oxidizing process generates heat which is sufficient to produce the fourth effect. The physical effects produced upon the air are increased temperature, circulation of the air in the room is accelerated and ventilation from the outside is increased.

As the quality of the air in the room at any time depends upon the interaction of the incoming air upon the products of combustion discharged from the burners and the organic matter exhaled from the lungs and skin of the occupants of the room, it is necessary to investigate the inter-effects of all three. On account of the tendency of heated air to expand, become lighter and rise, the presence of any source of heat in a room produces a certain circulation of the air, which serves a double purpose. In the first place, the heated air is cooled by contact with succes-

Digitized by Google

sive portions of the relatively cool walls, and in the second place the temperature in the upper portions of the room tends to increase, while that in the lower portion tends to decrease below that which would prevail without circulation. This produces an unbalanced pressure from the outside, tending to draw fresh air in at the bottom of the room through crevices, joints and other openings, and also to a greater extent than is ordinarily realized through the walls themselves. The same action tends to expel the air in the upper portion of the room in the same manner and this tendency is, of course, greatly augmented by increased facilities for ventilation.

In considering the concurrent effects of heat sources and the incoming air upon the average quality of the interior air at any moment, it is necessary to inquire into the nature and effects of the vitiating substances. Generally speaking, these are divided into two classes: Those emitted by the respiration, both from the lungs and the skin of the people in the room; second, those emitted by the illuminants. The first class includes bacteria of those diseases which are transmitted by bacteria which, when taken from the air into the system through the mouth or skin, will produce their characteristic diseases. As a matter of fact, the supposedly fresh air from the exterior is often heavily laden with bacteria of this character.

More commonly than any other are felt the effects of the vitiation produced by the organic matter, in a greater or less advanced stage of decay, exhaled by the lungs. This produces the stuffiness in a poorly ventilated room which is sometimes ignorantly attributed to carbonic acid gas.

Carbonic acid gas is present in the purest of outdoor air in the proportion of about four parts in 10,000 and produces no discomfort or ill effects if less than 225 parts in 10,000 of air are present. On account of the ability of gases to diffuse through even the tightest walls used in building construction, the proportion of carbonic acid gas in interiors rarely rises above 20 parts in 10,000, through for experimental purposes this proportion has been made as high as 50 parts in 10,000. This was accomplished only by resorting to exceptional means to secure a high percentage of this gas. Thus, practically speaking, it may be said that it is impossible in practice to obtain enough carbonic acid gas in an ordinary room to produce the slightest effect upon the bodily functions, even when the most sensitive tests are employed to detect such effects.

Sulphurous acid gas when present is in such almost infinitesimal quantities that it is disregarded as far as the effects on health are concerned. While it is, in the quantities found, harmless to the human organism, it has a decided sterilizing effect as regards disease germs.

While it is true that carbonic acid gas artificially produced—that is, by gas combustion—is entirely inocuous in any quantity met with in human habitations, it must not be assumed that such quantities of this gas exhaled from the lungs, may be regarded as an indication of sanitary conditions. On the contrary, even 15 parts of carbonic acid gas in 10,000, if arising from respiration of human beings, indicates the presence of organic matter in such quantities as to be highly obnoxious or even harmful.

In this connection it should be noted that the vitiation of air by human beings is generally expressed as percentage of carbonic acid gas, because it indicates the amount of organic matter which has been given off in the same period, and while the latter (which is a real source of pollution) is difficult to measure, the carbonic acid gas is easily determined.

From a sanitary standpoint, therefore, figures regarding the quantities in which carbonic acid gas indicates harmful conditions apply only to this gas when thrown off by the lungs and not to the same gas produced by artificial means.

It is evident that the practice of rating each gas burner as equal to a certain

Digitized by Google

number of human beings in vitiating the air in interiors is opposite to the dictates of common sense.

Investigators on the effects of carbon-dioxide report as follows:

Dr. Angus Smith shut himself in an airtight chamber with a lighted candle, and remained until the candle was extinguished by the high carbon-dioxide content produced (229 parts in 10,000). He felt no ill effects.

Dr. Richardson removed all the carbon-dioxide from air that had once been breathed, and found that animals introduced into such air dwindled away rapidly and died.

Pettenkoffer found that 100 parts of carbon-monoxide in 10,000 parts of air was not injurious to human beings, while one-tenth the amount of carbon-dioxide derived from lungs and skin exhalations rendered the air unfit for human habitation for any length of time.

Proof of a similar nature from the experiments of recognized authorities might be multiplied almost indefinitely.

Another feature of even greater importance is the effect upon the eye. Dr. Rideal's tests showed that:

(a) The sensitiveness of the eye to light as measured in the perception test diminished very markedly after exposure to the electric light, while no corresponding effect is noticeable after the eye has been subjected to gas light.

(b) The power of co-ordinating and using the motor muscles of the eyeball recorded in the orbicular muscle-tests was diminished to a greater extent after subjection to electric than to gas light.

(c) It was found that the ciliary muscles of the eyes are more accommodative after three hours' exposure to the 50 c. p. light from the Darwin incandescent mantle than after a similar exposure to a 50 c. p. electric ilght.

(d) The acuity of vision measured by the retinal test again shows that the optic nerve or center was more susceptible in the case of gas illumination. It will be seen that all the results point strongly in the same direction—namely, that gas light as used in these experiments is less fatiguing to the eye than electric light.

Nearly all of the fatal cases of gas poisoning are due to carelessness, or are deliberate, with suicidal intent.

Accidental causes of gas poisoning may be classified as follows:

1. Filthy burners.
2. Flare back in bunsen burners.
3. Turning flame low enough to be extinguished by gust of air.
4. Pilot light out, gas turned on.
5. Defective tubing.
6. A—Turn on gas; B—turn out; C—on again—these are extremely dangerous conditions, any one of which give rise to large volumes of carbon-monoxide.

In all causes of death due to gas poisoning it will be noted that one of these six conditions was the cause of death.

Recommendations.

It is suggested that—

(1) No hot water heaters be permitted in bath or other confined rooms unless same are flue connected.

(2) All automatic hot water heaters be flue connected.

In other conditions flue connections should not be made, whenever it can be avoided, as there is a danger of back draft.

The question of flue connecting is, at present, the subject of an investigation by the American Gas Association, and their findings and recommendations will be ready soon. It is respectfully recommended that no action be taken by this Department until the recommendations are noted.

Digitized by Google

Your attention is called to the action of the Board of Aldermen, December 14, 1920. The matter of gas tubing was referred to the Commissioner of Health for action. The Department has made an intensive study of gas tubing and submitted a report: "Standard Performance Specifications for Flexible Gas Tubing."

JOSEPH A. SHEARS, M. D.,
Sanitary Expert.

May 2, 1922.

PHYSIOLOGICAL EFFECTS OF EXPOSURE TO LOW CONCENTRATIONS OF CARBON MONOXIDE.

"The effect of comparatively low concentrations of carbon monoxide for short periods and under normal air conditions of temperature and humidity, with the subject at rest, was studied by Dr. Yandell Henderson and his co-workers. In making recommendations to the New York and New Jersey Tunnel Commissions,* Dr. Henderson advised that if the Hudson River vehicular tunnel be so ventilated that persons passing through the tunnel would be exposed to not more than 4 parts of carbon monoxide in 10,000 parts of air for not longer than 45 minutes, they would experience no ill effects. This advice has been confirmed in supplementary experiments carried out by us in connection with studies at the Bureau of Mines Experiment Station at Pittsburgh.

"In continuing our studies on low concentrations of carbon monoxide, we made a few experiments in a gas chamber where the conditions could be accurately controlled. The following is a summary of the findings:

SUMMARY OF PHYSIOLOGICAL EFFECTS OF LOW CONCENTRATIONS OF CARBON MONOXIDE UNDER VARYING CONDITIONS.

With the subject at rest.

"1. The exposure for 6 hours to 2 parts of CO in 10,000 of air caused—

a. Saturation of 16 to 20 per cent of the hemoglobin of the blood with CO.

b. Very mild subjective symptoms of CO poisoning at the end of the test.

c. No noticeable effects after the test.

"2. The exposure to 3 parts of CO caused—

a. Saturation of 22 to 24 per cent of the hemoglobin with CO after 4 hours, and 26 to 27 per cent after 5 hours.

b. Symptoms at the end of 2 hours absent; after 4 hours, mild effects attributed to CO poisoning; and after 5 hours, moderate effects.

c. After effects of 4 hours' exposure, mild; of 5 hours' exposure, moderate.

"3. The exposure to 4 parts of CO in 10,000 caused—

a. Saturation of 15 to 19 per cent of the hemoglobin with CO at the end of 1 hour, and 21 to 28 per cent at the end of 2 hours.

b. After effects, moderate to marked.

With the subject exercising strenuously.

"1. The exposure for 1 hour to 2½ parts of CO in 10,000 caused—

a. Saturation of 14 to 16 per cent of the hemoglobin with CO.

b. Moderate symptoms of CO poisoning at the end of the test.

c. After effects mild to moderate.

"2. The exposure for 1 hour to 3.3 parts of CO in 10,000 caused—

a. Saturation of 17 per cent of the hemoglobin with CO.

b. Mild to moderate symptoms of CO poisoning.

c. After effects mild to moderate.

---

*Report of Tunnel Gas Investigations (Problem 2: Physiological Effect of Automobile Exhaust Gases) made by Yandell Henderson, H. W. Haggard, M. C. Teague, A. L. Prince, and Ruth Wunderlich, published by the New York and New Jersey Tunnel Commissions, 1921.

Digitized by Google

"3. The exposure for 1 hour to 4 parts of CO in 10,000 caused—

a. Saturation of 23 per cent of the hemoglobin with CO.

b. Moderate symptoms of CO poisoning.

c. Moderate after effects.

With the subject at rest. Temperature and humidity high

"1. The exposure for 1 hour to 3.1 parts of CO in 10,000 caused—

a. Saturation of 16 per cent of the hemoglobin with CO.

b. Mild symptoms of CO poisoning.

c. Mild to moderate after effects.

CONCLUSIONS.

"1. The combination of CO with hemoglobin takes place slowly when the subject is exposed to low concentrations and remains at rest, many hours being required before equilibruim is reached.

"2. The rate of combination of CO with hemoglobin takes place much more rapidly during the first hour of exposure than during any succeeding hour, with the subject remaining at rest.

"3. Strenuous exercise causes much more rapid combination of CO with hemoglobin than when the subject remains at rest. The symptoms of CO poisoning are emphasized by exercise.

"4. High temperature and humidity, with a given concentration of CO, cause more rapid combination of CO with hemoglobin than do normal conditions of temperature and humidity.

"All symptoms and effects described in this paper are called acute in character. None of the subjects has shown any permanent deleterious effects from the exposure to CO."

(*From an article in Public Health Reports, by Drs. R. R. Sayers, F. V. Meriwether, and W. P. Yant.*)

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 17, 1922.

There were 1,255 deaths and a rate of 11.21 reported during the week as compared with 1,128 deaths and a rate of 10.23, an increase in the absolute number of deaths of 127 and in the rate of .98 of a point which is equivalent to an increase of 110 deaths.

The severe epidemic of measles which has prevailed from the first week of the year until the present day is accountable in considerable measure for this increase, there having been 40 deaths from this cause during the week as compared with 10 in the corresponding week of 1921. In addition to this increased mortality from this disease, per se, there was an increased mortality from broncho pneumonia, the number of deaths registered being 44 as compared with 19, an increase of 25. In addition to this increased mortality from measles and broncho pneumonia, we find among child life a considerable increase in the number of deaths from diphtheria, the number registered being 22 deaths as compared with 9, an increase of 13, so that a total increase of 68 deaths can be attributed to measles and diphtheria, thus accounting for more than half of the increase during the week.

Again, we find that the mortalities from the organic diseases increased considerably during the week, there having been 119 deaths reported from cancer as compared with 89, an increase of 30; 243 deaths from organic heart disease as compared with 223, an increase of 20; to lobar pneumonia affecting chiefly adults was attributed 56 deaths as compared with 36, an increase of 20; pulmonary tuberculosis had 112 deaths credited to it as compared with 97, an increase of 15; to sunstroke was attributed 8 deaths as compared with no deaths, an increase of 8 deaths. There were 103 deaths reported from other accidents than sunstroke as compared with 77, an in-

Digitized by Google

crease of 26 deaths. This increase in the accidental causes was due entirely to the effects of the cyclone which swept over the City of New York and its vicinity on Sunday, the 11th instant, increasing the number of drowning cases to 26, the two boroughs of The Bronx and Brooklyn being most affected. In addition to the increase in the drowning accidents there were seven persons killed by a fall of a Ferris Wheel in the Borough of The Bronx as a result of the cyclone.

The extremes of life were not unfavorably affected during the week, there having been 4 fewer deaths among infants under one year of age than in the corresponding week of 1921 and 9 less deaths of persons at sixty-five years of age and over. The increase in the mortality between one and five years of age was 38, attributed chiefly to the increase in measles and diphtheria; between five and twenty-five years of age the increase was 33, due chiefly to the accidental causes; between twenty-five and forty-five years of age the increase was only 4; from forty-five to sixty-five years of age the increase was 51, due chiefly to the increased mortality from cancer, organic heart disease and lobar pneumonia.

The death rate for the first 24 weeks of the year was 14.06, as compared with a rate of 12.35, an increase of 1.71 points per 1,000 of the population.

From January 1st to date, 87 infants under one year of age died out of every 1,000 born, as compared with 75 deaths at this age group in the corresponding period of 1921, an increase of 12 out of every 1,000 births reported.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Mar. 25	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27	June 3	June 10	June 17
Total deaths	1580	1584	1619	1577	1445	1503	1508	1475	1415	1324	1324	1284	122
Annual Death Rate	14.12	13.71	14.47	14.09	12.91	13 43	13 47	13.18	12 64	12.37	11 83	11 47	11 31
*Acute Infectious Diseases	106	93	101	110	95	102	112	77	113	86	75	73	74
Pul. Tuberculosis..	114	126	119	117	107	102	105	99	89	109	104	111	112
Influenza	23	16	14	17	8	11	7	8	5	8	2	2	2
Lobar Pneumonia.	129	114	114	126	79	82	101	95	100	96	62	47	55
Broncho Pneum..	130	128	109	98	121	82	114	104	97	70	64	72	44
**Violent Deaths ..	93	70	82	78	62	64	82	81	64	78	82	67	139
Deaths under 1 year.	218	245	210	254	224	206	197	207	198	162	177	179	184
Rates per 1,000 births	18.6	96 2	82.7	100.0	88 2	81.4	78 0	82.0	78.5	64 2	70.1	70.9	65.9
Deaths under 5 years	382	386	385	408	394	362	382	367	382	293	305	298	276
" 5-65 years ..	828	776	847	826	760	822	806	787	748	799	725	693	715
" 65 years and over	370	372	387	348	291	319	320	321	290	292	294	293	344

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	205	293	280	244	278	211	260	340	379	402	229	288	296
Diphtheria	272	302	273	244	270	289	320	287	300	303	244	246	210
Measles	2019	2052	2590	2086	2403	2128	2214	2521	2451	2325	1399	1288	872
Scarlet Fever	434	421	383	354	275	328	359	331	353	296	218	159	98
Chickenpox	123	177	444	110	189	221	118	179	142	170	156	145	154
Influenza	120	99	59	42	25	29	25	29	19	23	9	13	5
Pneumonias	503	545	470	449	372	372	328	454	399	340	256	222	177
Typhoid Fever	8	7	4	3	9	8	5	12	11	6	10	7	9
Whooping Cough ...	82	95	122	79	91	94	93	129	110	90	85	93	106
Syphilis	242	273	284	243	362	307	3 7	224	254	321	206	225	206
Gonorrhoea	75	77	104	32	139	86	133	88	97	144	110	114	113
Poliomyelitis	2	1	1	1	1	2	1	1	1	4	1	...	1
Cerebro-spinal Meningitis	9	17	6	6	4	6	6	5	5	6	4	7	1
Total	4094	4359	5020	3893	4368	4081	4174	4600	4321	4430	2927	2787	2241

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, June 17, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	506	583	574	1068	1095	51	11 60	13 39	13.18
The Bronx	732,016	809,536	109	157	186	297	144	14	7.80	10 12	8.77
Brooklyn	2,018,356	2,117,227	375	386	414	1018	609	42	9.42	9 51	10.20
Queens	469,042	516,683	88	90	102	198	59	12	9.84	9.09	10.30
Richmond	116,531	124,400	50	39	29	69	33	..	21.51	16.85	12.16
Total	5,620,048	5,839,738	1128	1255	1255	2645	1940	119	10 28	11 21	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-four weeks of this year there were 37,770 deaths, a rate of 14.06 per 1,000 population. During the corresponding weeks of last year there were 32,668 deaths, a rate of 12.35 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	44	36	..	..	..	23	24	25	24	11	5	37	78	141	329	113
The Bronx	7	22	..	..	..	10	..	2	2	..	2	28	13	25	99	33
Brooklyn	13	21	2	2	1	19	13	7	6	3	2	27	58	87	226	78
Queens	3	18	..	..	..	3	6	2	2	..	..	6	14	20	51	19
Richmond	1	15	..	..	..	1	1	..	..	1	..	5	1	3	30	6
Total	68	112	2	2	1	56	44	36	34	15	9	103	164	276	735	244

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	72	65 5	14	13.3	6	8	136	33.1	23	5.6	38	9.3
The Bronx	14	48 4	2	6.9	2	..	25	16.0	8	1 9	8	1.9
Brooklyn	62	65 8	6	6.4	2	4	90	21 2	6	1.4	7	1 6
Queens	15	80.8	2	10.8	..	2	22	21.3	2	1 9	2	1 9
Richmond	1	17 8	..	.	..		3	18.1		...	1	4 8
City of New York.	164	65 0	24.	9 5	10	14	276	24 7	84	8 0	51	4 6

During the first twenty-four weeks of this year 5,262 infants died, a rate of 87. per 1,000 births. During the corresponding weeks of last year 4,593 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 6-10-'22.	113	82	51	71	47	62	21	24	19	3	2	1	..	..	22	21	..	575	184	1298
Admitted	15	21	21	19	9	13	3	7	..	2	1	2	..	..	..	7	..	19	8	147
Discharged ..	41	26	21	26	16	18	10	8	3	2	1	1	..	..	6	4	..	18	10	211
Died	1	8	9	1		6	..	1	..	..	..	..	..	..	3	1	..		4	29
Rem'g 6-17-'22.	86	74	42	63	40	51	14	22	16	3	2	2	..	..	13	23	..	576	178	1205
Total treated	128	103	72	90	56	75	24	31	19	5	3	3	..	..	22	28		594	192	1445

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1255	1128	675	580	164	68	49	276	77	95	216	347	284
1. Typhoid Fever	4	1	3	1	..	.	..	..	..	2	..	2	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	.	..	..
3. Measles	40	10	18	22	12	12	8	32	8	.	..	..	..
4. Scarlet Fever	3	12	1	2	..	..	1	1	..	2	..	..	..
7. Whooping Cough	3	8	1	2	2	1	..	3	..	..	.	..	..
8. Diphtheria	22	9	12	10	3	7	5	15	5	..	1	1	..
9. Influenza	2	6	1	1	..	.	..	..	.	.	1	1	.
Poliomyelitis	..	..	.	..	..	..	..	..	..	.	..	..	..
12. Other Epidemic Diseases	2	5	1	1	..	..	.	..	..	.	1	1	..
13. Pulmonary Tuberculosis	112	97	67	45	1	2	..	3	2	33	52	17	5
14. Tbc. Meningitis	10	9	6	4	1	3	2	6	2	2	..	..	..
15. Other forms Tbc.	5	10	3	2	..	1	1	2	1	1	1	..	
16. Cancer, Malignant Tumor	119	89	50	69	..	..	1	1	..	3	12	63	40
17. Simple Meningitis	5	4	3	2	2	..	..	2	1	..	..	2	..
17a. Cerebro-spinal Meningitis	2	3	2	..	..	1	..	1	1	..	..	..	
18. Apoplexy, Softening of the Brain	4	30	2	2	..		..	..	.	..	..	3	1
19. Organic Heart Diseases	229	206	120	109	1	..	..	1	9	7	30	84	98
20. Acute Bronchitis	1	4	..	1	1	..	..	1		..	..	..	..
21. Chronic Bronchitis	..	3	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	56	36	30	26	7	11	4	22	5	3	4	12	10
22a. Broncho Pneumonia	44	19	22	22	8	11	8	27	..	..	3	4	10
23. Other Respiratory Diseases	9	5	3	1		1	2	3	1	..	2	3	..
24. Diseases of the Stomach (Cancer excepted)	5	9	3	2	..	..	..	..	.	..	3	1	1
25. Diarrhoeal Diseases (under 5 years)	34	39	17	17	24	7	3	34	..	.	.	.	.
26. Appendicitis and Typhilitis	18	15	11	7	..	..	..	..	6	3	2	7	
27. Hernia, Intestinal Obstruction	10	12	6	4	2	..	..	2	..	1	2	4	1
28. Cirrhosis of Liver	2	1	1	1	..	..	..	..		..	..	2	..
29. Bright's Disease and Nephritis	77	81	35	42	..	..	..	..	..	2	12	38	25
30. Diseases of Women (not Cancer)	5	13	..	5		..	..	..	:	1	2	2	
31. Puerperal Septicaemia	3	3	..	3	..	..	.	..	.	..	3	..	
32. Other Puerperal Diseases	3	9	..	3	..	..	.	.	..	4	4	..	
33. Congenital Debility, and Malformations	76	78	40	36	71	3	2	76	..	..	..		
34. Old Age	7	8	2	5	..	..	..	..	..	..	..	7	6
35. Violent Deaths	120	85	78	42	4	1	3	18	25	23	35	18	3
a. Sunstroke	3	..	4	4	1	..	1	2	..	1	2	1	
b. Other Accidents	103	77	68	35	3	1	7	11	25	20	26	17	4
c. Homicide	9	3	6	3	..	..	..	..	..	2	7	..	..
36. Suicide	15	21	11	4	..	..	..	..	..	1	7	7	
*37. All other causes	198	185	117	81	25	2	4	31	11	6	35	78	40
38. Ill-defined causes	5	3	4	1	..	.	.	.	..	1	4	..	..

Deaths in Institutions,	602	Mean temperature,	69.4 deg. Fahr
Mean barometer,	29.75	Minimum temperature,	52.0 deg. Fahr
Mean humidity,	64.3	Maximum temperature,	89.0 deg. Fahr
Precipitation,	.94		

†If the deaths under one month, numbering 74 from all causes, be deducted from the total deaths under one year, the resulting rate will be 36. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 10, Diabetes 25, Alcoholism 2, Locomotor Ataxia Paresis 8, Arterio-sclerosis 36, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JULY 1, 1922. No. 26.

PROPHYLACTIC DIPHTHERIA IMMUNIZATION PROGRAM FOR JULY AND AUGUST.

During the summer months, the Department of Health desires to secure the Schick testing and immunization against diphtheria of all pre-school age children that require it in the city.

With this object, a supply of circulars, in three languages, describing the need and advantages of the procedures, has been printed, and a supply will be sent to every physician who is willing to distribute them to his patients. Physicians should apply for this literature to the Research Laboratory, Department of Health, foot of E. 16th Street, Manhattan. Telephone, Stuyvesant 1600. A copy of the circular is printed below, as well as a schedule of the places where Department of Health physicians will do the work.

Physicians who do not care to Schick test children of pre-school age in families upon which they attend, and to administer toxin-antitoxin to such as require it, are urged to refer the children to the nearest Department Station where the work will be done.

VACCINATION AGAINST DIPHTHERIA!

DEPARTMENT OF HEALTH. CITY OF NEW YORK.

Parents! Guardians!

Vaccination against small-pox was a wonderful discovery. Millions of lives have been saved by it. You had your children vaccinated to keep them from getting small-pox. Now science has won another great victory! WE CAN NOW VACCINATE YOUR CHILDREN AGAINST DIPHTHERIA, so that they are protected against this terrible disease!

Save Your Children from Diphtheria!

This is no longer an experiment; it is a certainty! More than 200,000 school children have been protected against diphtheria during the past two years in the public schools of New York City.

This is how it is done:

First, the children are given a very small injection into the skin called the Schick Test to find out if they are liable to catch diphtheria;

Second, those that are found to be liable to catch it are given three injections of a different kind which protects them for many years and probably for life.

Young Children Catch Diphtheria Most Easily!

Your children who are too young to go to school need protection against diphtheria much more than school children. Young children between 6 months and 6 years of age are especially liable to catch diphtheria and frequently have it in its worst form. Out of every 100 children who get diphtheria, 85 are less than five years of age. These young children are therefore given the protective vaccination injections without any preliminary Schick Test.

Digitized by Google

Diphtheria Protection Is Absolutely Safe!

One of the fine things about this method of protection against diphtheria is that YOUNG CHILDREN ARE NOT MADE SICK BY IT. The younger the children, the better they take it. Don't wait until your children go to school! Have them vaccinated at once!

Diphtheria Is a Dangerous Disease and Kills Many Children!

In 1921 there were over 209,000 cases of diphtheria in the United States, and over 20,000 died from the disease! In this city alone there were 15,761 cases and 871 deaths.

Diphtheria is a treacherous disease. It not only kills many children, but even when they recover many of them are left crippled with heart disease for years if not for life. Nor is the child always protected against diphtheria after one attack.

New York City Is Conquering Diphtheria by the New Method!

Since the new prevention methods have been extensively employed in this city, the number of deaths from diphtheria has been reduced from 1,239 in the year 1919 to 871 during 1921. Will you not help reduce the number still further?

Your Children Expect You to Help Them In Their Fight Against Diphtheria!

DON'T DELAY! DON'T WAIT! DO YOUR SIMPLE DUTY BY YOUR CHILDREN. Teachers, doctors, and well-informed people generally are having their children vaccinated against diphtheria. Why not have your children vaccinated also? Why not have them protected against diphtheria as you have them protected against small-pox?

Will You Help to Wipe Out Diphtheria?

Don't keep this to yourself! If your neighbors' children are too young to go to school, be sure to show them this circular. You may help save other lives!

Children Are Now Vaccinated Against Diphtheria at the Baby Health Stations!

The Department of Health urges you to go to your private physician to have him vaccinate every one of your children against diphtheria.

IF YOU CANNOT AFFORD THE SERVICES OF A PRIVATE PHYSICIAN, THE DEPARTMENT OF HEALTH WILL GIVE THEM DIPHTHERIA PROTECTION AT THE NEAREST BABY HEALTH STATION.

Ask the nurse at the Baby Health Station when the doctor will be there to vaccinate the children.

Get a Diphtheria Certificate for Your Child!

A diphtheria vaccination certificate will be given to each child after it has received the three protective injections. This certificate will be of value to your child when beginning school. If at that time a Schick Test shows that your child is surely protected against diphtheria, a special Diphtheria Protection Certificate will be given.

Boroughs of Manhattan and Bronx.

Mondays in July—

July 3, July 10, July 17, July 24, July 31.

345 East 116th St.
1354 Webster Ave., Bronx
244 Mulberry St.
206 Madison St.

Tuesday in July, and August 1st—

July 11, July 18, July 25, August 1.

205 East 96th St.
306 Avenue A (19th St.)
174 Eldridge St.
511 East 149th St., Bronx

Wednesdays in July—

July 5, July 12, July 19, July 26

225 East 107th St.
2848 Eighth Ave.
241 East 40th St.
2380 Hughes Ave., Bronx.

Thursdays in July—

July 6, July 13, July 20, July 27.

315 East 112th St.
27 Suffolk St.
325 Broome St.
428 East 133rd St., Bronx

Fridays in July—

July 7, July 14, July 21, July 28.

43 East 133d St.
224 West 63d St.
3731 3rd Ave. (Bronx D. of H.)
508 West 47th St.

Saturdays in July—

July 1, July 8, July 15, July 22, July 29.

289 Tenth Ave. (27th St.)
108 Cherry St.
348 East 74th St.
3173 Villa Ave., Bronx

Digitized by Google

Mondays in August—

August 7, August 14, August 21, August 28.

10 Moylan Pl. (500 W. 126th St.)	214 Monroe St.
1354 Webster Ave., Bronx	348 East 32d St.

Tuesday in August, except August 1st—

August 8, August 15, August 22, August 29.

35 West 139th St.	48 Henry St.
263 Stanton St.	511 East 149th St., Bronx

Wednesdays in August—

August 2, August 9, August 16, August 23, August 30.

1254 Second Ave. (66th St.)	2380 Hughes Ave., Bronx
172 East 3d St.	326 East 11th St.

Thursdays in August—

August 3, August 10, August 17, August 24, August 31.

583 Courtlandt Ave., Bronx	428 East 133d St., Bronx
197 Hester St.	322 East 59th St.

Fridays in August—

August 4, August 11, August 18, August 25.

437 West 41st St.	3731 3rd Ave. (Bronx D. of H.)
114 Thompson St.	402 West 37th St.

Saturdays in August—

August 5, August 12, August 19, August 26.

78 Ninth Ave. (15th St.)	513 East 11th St.
73 Cannon St.	677 Morris Ave.

Boroughs of Brooklyn, Queens and Richmond.

Fridays: July 21, July 28, August 4—

Baby Health Station, 592 Park Avenue, Williamsburg, 1-4 P.M.
Baby Health Station, 208 Hoyt Street, So. Brooklyn, 1-4 P.M.
Baby Health Station, 323 Osborne Street, Brownsville, 1-4 P.M.
P. S. No. 6, Steinway Avenue, near Patterson Avenue, L. I. City.
P. S. No. 1, Academy Place, Tottenville, S. I., 1-4 P.M.

Wednesdays: July 19, July 26, August 2—

P. S. No. 26, 856 Quincy Street, Brooklyn, 9-12 A.M.
P. S. No. 30, 165 Conover Street, Erie Basin, 9-12 A.M.
Baby Health Station, 2036 Pitkin Avenue, Brownsville, 1-4 P. M.
P. S. No. 58, Walker and Beaufort Avenues, Woodhaven, L. I., 9-12 A M.
Baby Health Station, 689 Bay Street, Stapleton, S. I., 1-4 P.M.

Saturdays: July 22, July 29, August 5—

P. S. No. 26, 856 Quincy Street, Brooklyn, 9-12 A.M.
P. S. No. 30, 165 Conover Street, Erie Basin, 9-12 A.M.
Baby Health Station, 2036 Pitkin Avenue, Brownsville, 1-4 P.M.
P. S. No. 58, Walker and Beaufort Avenues, Woodhaven, L. I., 9-12 A.M.
Bay Health Station, 689 Bay Street, Stapleton, S. I., 9-12 A.M.

Monday: August 7—

P. S. No. 80, West 17th St., bet. Mermaid & Neptune Aves., 9-12 A.M.
Baby Health Station, 2346 Pacific Street, Brownsville.
Baby Health Station, 67 Cropsey Avenue, Bensonhurst.
Baby Health Station, 93 Park Avenue, Stapleton, S. I.

Digitized by Google

Thursday: August 10—

P. S. No. 80, West 17th St., bet. Mermaid & Neptune Aves., 9-12 A.M.
Baby Health Station, 2346 Pacific Street, Brownsville.
Baby Health Station, 67 Cropsey Avenue, Bensonhurst.
Baby Health Station, 93 Park Avenue, Stapleton, S. I.

Tuesday: August 8—

P. S. No. 81, Harway Avenue, Stryker Street, 9-12 A.M.
P. S. No. 171, Ridgewood, Lincoln and Nichols.
P. S. No. 100, West 3d Street, Coney Island.
P. S. No. 39, Dinsmore and Nameoke Avenue, Far Rockaway.
P. S. No. 1, Academy Place, Tottenville, S. I.

Friday: August 11—

P. S. No. 81, Harway Avenue and Stryker Street, 9-12 A.M.
P. S. No. 171, Ridgewood, Lincoln and Nichols, 9-12 A.M.
P. S. No. 100, West 3d Street, Coney Island, 9-12 A.M.
P. S. No. 39, Dinsmore and Nameoke Aves., Far Rockaway, 9-12 A.M.
P. S. No. 1, Academy Place, Tottenville, S. I.

Wednesday: August 19—

Baby Health Station, 67 Osborn Street, Brownsville.
Annex P. S. No. 80, 31 32d Street, Mermaid Avenue.
P. S. No. 16, Alburtis Ave., Gunther & Havemeyer Sts., Corona, L. I.
Branch Office, 147 46th Street, Corona, L. I.
Baby Health Station, 689 Bay Street, Stapleton, S. I., 1-4 P.M.

Saturday: August 12—

Baby Health Station, 67 Osborne Street, Brownsville.
Annex P. S., No. 80, 31 32d Street, Mermaid Avenue.
P. S. No. 16, Alburtis Ave., Gunther and Havemeyer Streets, Corona, L. I.
Branch Office, 147 46th Street, Corona, L. I.
Baby Health Station, 689 Bay Street, Stapleton, S. I., 9-12 A.M.

REGULATION OF SUMMER CAMPS.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said city on the 9th day of June, 1922, the following resolution was adopted:

RESOLVED, That the resolution adopted by the Board of Health May 3, 1922, amending the regulations of the Department of Health governing the conduct and maintenance of summer camps and relating to Section 217 of the Sanitary Code by addition of a new regulation No. 11, be and the same is hereby rescinded.

RESOLVED, That the following regulation governing summer camps outside of the limits of the City of New York and relating to Section 217-A of the Sanitary Code, be and the same is hereby adopted:

Regulation A.—Every agency applying for registration under this Section shall submit in writing the following data:

1. Name of camp.
2. Location of camp.
3. Post office address of camp.
4. Period of year during which camp is open.
5. Number of children cared for during the season.
6. Is there a resident physician?
7. If not, what medical supervision is there?
8. What examination of food handlers is made before employment?

Digitized by Google

9. How are the children housed?
   a. Dormitories.
   b. Private rooms.
   c. Tents, etc.
10. What are the sanitary arrangements of the camp?
   a. Water supply.
   b. Sewerage.
   c. Bathing facilities.
   d. Toilet facilities.
   e. Disposal of garbage.
   f. Milk supply? Where purchased and how kept?

At the same meeting, the following resolution was adopted:

RESOLVED, That Article 12 of the Sanitary Code be amended by adding thereto a new section to be numbered 217-A, to read as follows:

Section 217-A. Summer Camps outside of the limits of the City of New York—All agencies in the City of New York sending children out of town to camps on vacations for periods of more than one day shall register with the Health Department of the City of New York through an authorized executive of such agency.

True copies.

CHARLES L. KOHLER, *Secretary.*

MORTALITY BULLETIN FOR THE WEEK ENDING JUNE 24, 1922.

The long looked for drop in the mortality rates of the city occurred during the past week, there having been 1,044 deaths reported, as compared with 1,255 in the immediately preceding week, a decrease of 211, and as compared with 1,147 in the corresponding week of 1921, a decrease of 103 deaths. The rate 9.33 was the lowest weekly rate that we have experienced this year, and compared with the rate of the corresponding week in 1921, it shows a decrease of 1.07 points, which is equivalent to a decrease of 120 deaths.

The contagious diseases of childhood, measles, scarlet fever, diphtheria and whooping cough, had 39 deaths attributed to them during the week, as compared with exactly the same number in the corresponding week of 1921. There was a notable drop in the mortality from cancer, there having been 102 deaths reported, as compared with 130, a decrease of 28; organic heart diseases showed a decrease of 27 and the pneumonias a decrease of 15. The increases shown in a few causes were negligible, with the exception of violence, there having been 95 deaths reported therefrom, as compared with 79, an increase of 16, 12 of this increase being due to an increase among the accidental causes.

Viewed from the point of age grouping, there were 124 deaths among infants under one year of age, as compared with 150, a decrease of 26; between one and two years of age there was an increase of 14 deaths; between two and five years of age, a decrease of 6 deaths; between five and fifteen years of age, there was a decrease of 15 deaths; at fifteen to twenty-five years of age, a decrease of 13 deaths; at twenty-five to forty-five years of age, an increase of 13 deaths; at forty-five to sixty-five years of age, a decrease of 24 deaths, and at sixty-five years of age and over, a decrease of 46 deaths.

The death rate for the first 25 weeks of the year was 13.89 per 1,000 of the population, as compared with a rate of 12.28 in the corresponding period of 1922, a decrease of 1.61 points.

From January 1st to date 85 infants under one year of age died out of every 1,000 born, as compared with 75 deaths during the corresponding period at that age group per 1,000 births, an increase of 10 for every 1,000 births reported.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

BUSINESS.—Rowntree, B. S. The human factor in business. Longmans. 1921. 178 p., tables. **331 R79**

DIPHTHERIA.—Robinson, J. W. Reasons for the failure of our methods to control diphtheria. (Am. J. Pub. Health, June, 1922. pp. 497-502.)

MILK, ANALYSIS.—Hatfield, H. M., and W. H. Park. A study of the practical value of the Frost little plate method in the routine colony count of milk samples. (Am. J. Pub. Health, June, 1922. pp. 478-487, plates, tables.)

MOSQUITOES.—Becker, W. V. Methods suggested for the extermination of mosquitoes. (Am. J. Pub. Health, June, 1922. pp. 509-513.)

NUTRITION.—Emerson, W. R. P. Nutrition and growth in children. Appleton. 1922. 342 p., illus. **612.39 Em3n**

NUTRITION.—McCollum, E. V. The newer knowledge of nutrition; the use of food for the preservation of vitality and health. Sec. edit., 1922. 449 p., tables. **612.39 M12n2**

N. Y. CITY MILK SUPPLY.—Rogers, Sherman. Clean milk for the Metropolis. 1922. pp. 211-215, illus. **VF**

POLIOMYELITIS.—Lovett, R. W. The diagnosis, prognosis and early treatment of poliomyelitis. (A. M. A. Jour., May 27, 1922. pp. 1607-1611.)

RATS.—Rucker W. C. The Panama Canal rat guard. (U. S. Public Health Service. Public Health Reports, May 19, 1922. pp. 1207-1209, illus.)

TUBERCULOSIS.—Gammons, H. F. Practical tuberculosis; a book for the general practitioner and those interested in tuberculosis. 1921. 158 p. **614.542 G14**

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	April 1	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27	June 3	June 10	June 17	June 24
Total deaths	1534	1619	1577	1445	1503	1508	1475	1415	1384	1324	1284	1125	1044
Annual Death Rate	13.71	14.47	14.09	12.91	13.43	13 47	13.18	12 64	12.37	11.83	11.47	11 21	9 33
*Acute Infectious Diseases	93	101	110	95	102	112	77	113	86	75	73	74	89
Pul. Tuberculosis..	126	119	117	107	102	105	99	89	109	104	111	112	101
Influenza	16	14	17	8	11	7	8	5	8	2	2	2	4
Lobar Pneumonia.	114	114	126	79	82	101	95	100	96	62	47	56	25
Broncho Pneum...	123	109	98	121	82	114	104	97	70	64	72	44	41
**Violent Deaths ...	70	82	78	62	64	82	81	64	78	82	67	120	73
Deaths under 1 year.	245	210	254	224	206	197	207	198	162	177	179	164	134
Rates per 1,000 births	96.2	82.7	100.0	88.2	81.4	78 0	82.0	78.5	64.2	70.1	70.9	65.0	49.1
Deaths under 5 years	386	385	408	394	362	382	367	382	293	305	296	276	210
" 5-65 years ..	776	847	826	760	822	806	787	748	799	725	698	785	680
" 65 years and over	372	387	343	291	319	320	321	290	292	294	293	244	204

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	293	280	244	278	211	260	340	379	402	229	288	298	229
Diphtheria	302	273	244	270	289	320	287	300	303	244	246	210	167
Measles	2052	2590	2086	2403	2128	2214	2521	2251	2825	1399	1268	872	595
Scarlet Fever	421	383	354	275	328	359	331	353	296	218	159	89	104
Chickenpox	177	444	110	189	221	113	179	142	170	156	145	154	77
Influenza	99	59	42	25	29	25	29	19	23	9	13	5	9
Pneumonias	545	470	449	372	372	328	454	399	340	256	222	177	165
Typhoid Fever	7	4	8	9	8	5	12	11	6	10	7	9	13
Whooping Cough ...	95	122	79	91	94	93	129	110	90	85	93	106	100
Syphilis	273	284	243	362	307	3 7	224	254	321	206	225	206	284
Gonorrhoea	77	104	32	139	86	133	88	97	144	110	114	113	125
Poliomyelitis	1	1	1	1	2	1	1	1	4	1	...	1	1
Cerebro-spinal Meningitis	17	6	6	4	6	6	5	5	6	4	7	1	1
Total	4359	5020	3893	4368	4081	4174	4600	4321	4430	2927	2787	2241	1880

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, June 24, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	523	485	482	968	620	64	11 98	11.14	11 07
The Bronx	732,016	809,536	138	123	108	311	185	10	9 25	7.99	6.96
Brooklyn	2,018,356	2,117,227	385	333	354	954	416	38	9.67	8.21	8.72
Queens	469,042	516,683	69	72	74	206	68	8	7.23	7.27	7.47
Richmond	116,531	124,400	32	31	26	43	28	1	13.77	13.00	10.90
Total	5,620,048	5,839,788	1147	1044	1044	2482	1317	121	10 40	9 33	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-five weeks of this year there were 38,814 deaths, a rate of 13.89 per 1,000 population. During the corresponding weeks of last year there were 33,815 deaths, a rate of 12.28 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	22	32	..	2	..	10	21	7	7	11	2	33	66	106	294	85
The Bronx	3	32	..	..	..	5		1	1	1	..	10	12	15	88	20
Brooklyn	10	22	..	2	..	8	17	13	13	5	1	17	39	74	182	77
Queens	4	9	..	..	..	1	3	2	2	2	..	10	5	11	48	13
Richmond	..	6	..	..	..	1	..	1	1	..	..	2	2	4	18	9
Total	39	101	..	4	..	25	41	24	24	19	3	72	124	210	630	204

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: Deaths	Under 1 Year of Age: Diarrhoeal Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoeal Diseases: In Institutions	Under 1 Year of Age: Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	64	61 0	7	6.7	3	4	103	25.1	8	1.9	23	5.6
The Bronx	14	48 3	1	3 4	..	1	16	10.2	1	0.6	..	...
Brooklyn	38	40 2	5	5.3	..	5	73	17 2	12	2.8	8	1.9
Queens	6	32 3	1	5 4	..	1	13	12 6	2	1 9	2	1.9
Richmond	2	35 6	1	17 8	..	1	5	21.8	1	4.4	..	...
City of New York.	124	49.1	15	5 9	3	12	210	18.8	24	2.1	33	3 0

During the first twenty-five weeks of this year 5,386 infants died, a rate of 85 per 1,000 births. During the corresponding weeks of last year 4,743 died, a rate of 75 per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor.	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 6-17-'22.	86	74	42	63	40	51	14	22	16	3	2	2	..	..	13	22	..	576	178	1205
Admitted	31	35	24	8	3	22	4	8	3	1	..	1	.	..	..	7		12	2	161
Discharged ..	27	24	22	32	6	10	5	6	6	1	1	2		..	8	11	.	15	83	259
Died	3	2	5	..		3	..	..	.	.		..	..	..	1	..	..		3	17
Rem'g 6-24-'22.	87	83	39	39	37	60	13	24	13	3	1	1	..	..	4	19	..	573	94	1090
Total treated	117	109	66	71	43	73	18	30	19	4	2	3	..	..	13	30	..	588	180	1366

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1044	1147	559	485	124	48	38	210	41	65	208	316	200
1. Typhoid Fever	..	2	..	..	..	..	..	..	..	..	..	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..		
3. Measles	20	4	11	9	3	9	7	19	1	..	..	..	
4. Scarlet Fever	4	6	3	1	..	..	2	2	2	..	..	..	
5. Whooping Cough	5	8	2	3	1	3	1	5			..	..	..
6. Diphtheria	10	21	7	3	1	5	1	7	3		..		
9. Influenza	4	3	3	1	..	..		..			3	1	
Poliomyelitis	..	..	.	..	..	..	..	..	..		..	..	
12. Other Epidemic Diseases	7	6	4	3	3	..		3	..		1	1	1
13. Pulmonary Tuberculosis	101	98	57	44	..	1	..	1	2	27	43	25	3
14. Tbc. Meningitis	3	6	4	4	..	3	..	3	2	2	1	..	
15. Other forms Tbc.	8	7	5	3	..	1	1	2	3	2	..	1	
16. Cancer, Malignant Tumor	102	130	45	57	1	..		1	1	..	14	57	29
17. Simple Meningitis	4	2	3	1	2	1	..	3		..	1		
17a. Cerebro-spinal Meningitis	..	3	..	..	..	..	..	..	..	..		..	
18. Apoplexy, Softening of the Brain	9	23	4	5	..		..	..		..	3	3	3
19. Organic Heart Diseases	193	222	105	88	3	..	2	5	1	6	27	70	84
20. Acute Bronchitis	..	6	..	..	..	..	..	..			..	..	..
21. Chronic Bronchitis	..	2	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	25	49	14	11	2	2	2	6	1	2	5	9	2
22a. Broncho Pneumonia	41	82	24	17	14	12	4	30	1	..	1	6	3
23. Other Respiratory Diseases	5	7	3	2	2	1	..	3	..	1	..	1	..
24. Diseases of the Stomach (Cancer excepted)	7	9	3	4	..	..	..	..	..	..	3	2	2
25. Diarrhoeal Diseases (under 5 years)	24	30	12	12	15	6	3	24	..	..			
26. Appendicitis and Typhilitis	15	25	13	2			2	2	1	..	3	6	3
27. Hernia, Intestinal Obstruction	3	13	3	5	1	..		1	..	1	3	2	1
28. Cirrhosis of Liver	3	5	..	3	..	..	..	..	..	..	1	2	..
29. Bright's Disease and Nephritis	72	68	29	43	1	1		2	3	1	12	30	24
30. Diseases of Women (not Cancer)	9	6	..	9		..	..		..	1	4	2	2
31. Puerperal Septicaemia	4	3	..	4		..		..		1	3	..	
32. Other Puerperal Diseases	10	9		10	..					..	10	..	
33. Congenital Debility, and Malformations	55	75	36	19	55	..	..	55	..	..	..		
34. Old Age	6	4	3	3	..	..		..	..	..			6
35. Violent Deaths	75	65	63	12	..	..	3	3	13	10	22	18	9
a. Sunstroke	1	3	1	..	..	..	..	..		..	1	..	..
b. Other Accidents	71	56	60	11	..	..	3	3	12	10	21	16	9
c. Homicide	3	6	2	1	..	..	..	..	1		..	2	
36. Suicide	19	11	8	11	..	..	..	..	..	4	7	7	1
*37. All other causes	189	180	93	96	20	3	5	28	7	7	39	72	36
38. Ill-defined causes	2	7	2	..	..			..	..	..	2	..	..

Deaths in Institutions,	446	Mean temperature,	70.1 deg. Fahr
Mean barometer,	29.77	Minimum temperature,	61.0 deg. Fahr
Mean humidity,	78.7	Maximum temperature,	82.0 deg. Fahr
Precipitation,	1.77		

†If the deaths under one month, numbering 58 from all causes, be deducted from the total deaths under one year, the resulting rate will be 23 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 10, Diabetes 26, Alcoholism 4, Locomotor Ataxia 1, Arterio-sclerosis 40, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JULY 8, 1922. No. 27.

SPECIMENS OF BLOOD FOR WASSERMANN TEST.

During the summer months, the condition of specimens of blood received by the Department's Serological Laboratory for the Wassermann test is frequently such as to preclude their examination. This is due to the failure of many specimens to reach the Laboratory promptly, and the consequent hemolysis therein which ensues. Marked hemolysis affects the serum so as to make Wassermann test of it impossible.

Physicians are, therefore, urged never to leave a specimen of blood at a culture station unless they are sure it will be collected the same day, *i. e.*, that the collector has not yet called. Above all, they should never leave such a specimen on Saturday, or the day before a holiday, after the collector has passed.

REGULATION OF BLEACHED FLOUR.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 9th day of June, 1922, the following resolution was duly adopted:

RESOLVED, That Article 9 of the Sanitary Code be amended by adding thereto two new sections to be numbered 141-a and 141-b, to read as follows:

Section 141-a. Bleached flour to be conspicuously marked or labeled.—No flour, to which oxides of nitrogen, or nitrous acid, or nitrates, or chlorine, or any other chemical bleaching agent has been added, shall be brought into, or held, kept, sold, or offered for sale in the City of New York, unless the package or container shall be legibly and conspicuously marked or labeled with the words "Bleached with..... ....." giving the name of the bleaching agent used).

This section shall take effect September 1, 1922.

Section 141-b. Bleached flour products intended for human consumption to be conspicuously marked or labeled.—No product intended for human consumption shall be brought into, or held, kept, sold, or offered for sale in the City of New York, which is made from flour to which oxides of nitrogen, or nitrous acid, or nitrates, or chlorine, or any other chemical bleaching agent, unless the product is legibly and conspicuously labeled or marked with the words "Made from flour bleached with

Digitized by Google

....." (giving the name of the bleaching agent used).

This section shall take effect September 1, 1922.

A true copy,

CHARLES L. KOHLER, *Secretary*.

THE COMMISSIONER'S EUROPEAN TRIP.

Commissioner Copeland sailed for Europe, on June 28, for a stay of some weeks, during which he will attend the international congress on mother and child welfare which meets in Paris, and make a personal investigation of the typhus fever situation in Poland.

REGULATION OF SUMMER CAMPS.

Under date of May 3, 1922, the Board of Health adopted a new regulation regarding summer camps located outside of New York City. It was known as Regulation 11 of Section 217 of the Sanitary Code. For certain administrative reasons it was decided to rescind this regulation and adopt a new section of the Sanitary Code This was done and on June 9, 1922, a new section (printed in our last issue), known as 217a, was added to the Code. It reads as follows:

"217-A—Summer Camps outside of the limits of the City of New York: All agencies in the City of New York sending children out of town to camps on vacations for periods of more than one day shall register with the Health Department of the City of New York through an authorized executive of such agency.

Regulation A.—Every agency applying for registration under this Section shall submit in writing the following data:

1. Name of camp.
2. Location of camp.
3. Post office address of camp.
4. Period of year during which camp is open.
5. Number of children cared for during the season.
6. Is there a resident physician?
7. If not, what medical supervision is there?
8. What examination of food handlers is made before employment?
9. How are the children housed?
   a. Dormitories.
   b. Private rooms.
   c. Tents, etc.
10. What are the sanitary arrangements of the camp?
    a. Water supply.
    b. Sewerage.
    c. Bathing facilities.
    d. Toilet facilities.
    e. Disposal of garbage.
    f. Milk supply? Where purchased and how kept?"

The attention of all agencies sending children out of town to Summer Camps for periods of more than twenty-four (24) hours is called to this change.

It is requested and desired that all registered camps observe the following:

1. That all children just before leaving the City be examined for the purpose of detecting any contagious disease. Any child found to be suffering from or recently exposed to contagious disease to be refused admission to the camp (for the following periods in case of those exposed):
   a. Scarlet Fever, 1 week.

Digitized by Google

b. Diphtheria, 1 week.
c. Cerebro-Spinal Meningitis, 1 week.
d. Poliomyelitis, 2 weeks.
e. Typhoid Fever, 2 weeks.
f. Smallpox, 3 weeks.
g. Measles, 2 weeks.

2. That all cases of contagious disease occurring in the camp be reported promptly to the Department of Health of the City of New York, Bureau of Preventable Diseases.
3. That all children before returning from the Summer Camp be examined to detect the presence of contagious disease. Any found to have such disease to be held in proper isolation in the Camp until consent for their removal be obtained from the health authorities of the locality in which the Camp is located and from the Department of Health of New York City that the child may be re-admitted into the City.
4. That each Camp have a resident physician. Where this is impossible, for good and sufficient reasons, that a local physician have supervision, or if this is impossible, that a resident nurse be employed.
5. That no food handlers be employed except those that have been recently examined for the presence of communicable disease.
6. That adequate ventilation be provided and that where the children are housed in buildings the beds be placed at least two feet apart and at least 600 cubic feet of air space be allowed for each child in the dormitories or rooms.
7. That the water supply be adequate in amount, and if from wells, the wells be so situated and constructed that there be no possibility of their contamination by any kind of sewage or other filth.
8. That waste liquids shall be discharged into a sewer where available, a cesspool, or in any case, so as not to create a nuisance.
9. That properly trapped, flushed, sewer-connected water closets shall be provided where such sewer connections are possible; such water closets shall be maintained in suitable, adequately ventilated compartments.
10. That where sewer connections are not possible, suitable type metal cans or pails shall be provided for privies in suitable and adequate privy houses.
11. That the privy houses shall be adequately ventilated to the external air, and all openings therein properly screened and protected against flies, and provided with a sufficient number of seats and cans or pails; the door of each privy house shall be self-closing; the privy house shall be so constructed as to permit of the removal of the cans and of the cleaning of the floor and space beneath the seats; the seats shall be provided with tight-fitting covers, kept closed when not in use; such privy cans or pails shall be set at least 4 inches above the surface of the surrounding ground on a platform of non-absorbent material, so placed and set as to fit close to the seat so as to prevent saturation of the woodwork around the same by filthy liquids.
12. That an adequate supply of sand or lime shall be provided in the privy house. It shall be the duty of all persons using such privy house to sprinkle a small quantity of such sand or lime in the cans or pails provided therein, after each use thereof.
13. That when the cans or pails are three-quarter full, they shall be removed, emptied, cleaned and disinfected by a licensed scavenger, and the contents disposed of according to the terms of the scavenger's permit.

Digitized by Google

14. That where no scavenger service can be provided, the cans or pails before they are three-quarters full shall be removed from the privy, after having them properly and tightly covered, and carried at least 200 feet from the camp site and the contents there buried in a trench at least 3 feet deep, so that when buried there shall be at least 2 feet of earth cover, and the trench then properly filled in, provided that such night soil shall not be buried in any place where it or seepage from it, may contaminate any water supply.
15. That all garbage and refuse shall be stored in metal cans with tight-fitting metal covers, and such garbage and refuse shall be removed from the camp site daily.
16. That in any locality where plants for the pasteurization of milk are maintained under the supervision of the City of New York it is advised that pasteurized milk for the Camp be obtained from said plant and where raw milk must be used special care should be taken that milk be obtained from farms where no illness is present among the handlers of such milk.

Applications for registration are to be made on official blanks furnished by the Department of Health. For further particulars address Chief of Division of Institutional Inspection, Department of Health, 505 Pearl Street, New York City.

CONFERENCE ON CHILD WELFARE.

The Director of the Bureau of Child Hygiene of the Department of Health attended the 37th Annual Meeting of the Conference of State and Provincial Health Authorities of North America, which was held at Washington, D. C., recently The Director spoke on the subject of "School Hygiene under Boards of Health," which was part of a symposium which included the subject of "School Hygiene under Boards of Education," by Honorable Thomas E. Finegan, Superintendent of Public Instruction of the State of Pennsylvania. The school hygiene program of the National Child Health Council was outlined by Mr. Courtenay Dinwiddie, Executive Secretary, and a full discussion of the Sheppard-Towner law was carried out after speeches made on the subjects of "A Model Program under the Sheppard-Towner Law" by Miss Grace Abbott, Chief of the Children's Bureau, and "The Original Intent of the Law," by Dr. Anna E. Rude, Director of the Division of Hygiene of the Children's Bureau. The discussion as to the state plans for carrying out the provisions of the Sheppard-Towner law was carried on by the Commissioners of Health of the various states It was announced by the State Health Commissioner of Massachusetts that the Attorney General of that state had given it as his opinion that the Sheppard-Towner law was unconstitutional and that Massachusetts had commenced a test case for the purpose of determining the constitutionality of the law. The matter, therefore, will be brought before the Supreme Court for decision. In the meantime it is evident that the states are going ahead with their programs under the law as it stands. Great interest was manifested in the question and undoubtedly the stimulation of interest in nation-wide care of maternity and infant life will result in marked diminution of the death rate of both mothers and babies. The remainder of the meeting was taken up with reports of many committees which, in effect, were outlines of suggested work or programs of the various states. The subjects covered by these committee reports were public health nursing, standard methods of child hygiene work, sanitary engineering, medical service, uniform sanitary railway code, venereal diseases, industrial hygiene, state public health laboratories, sanitary practices, narcotic control, drug addiction, Modern Health Crusade, communicable diseases, morbidity reports, National Research Council, and National Safety Council.

Digitized by Google

THE CAUSE OF RICKETS.

In connection with the article in a recent issue, "The Value of Sunlight to Children," in which the cause of rickets was discussed, the following conclusion of an article by Dr. Leonard Findlay of Glasgow, is interesting:

"From a consideration of all these experiments and clinical studies, what conclusion can we come to? Certainly no other than that in some way confinement and defective hygiene are the most potent causes in the production of rickets, and that the disease is intimately associated with our housing conditions. That diet plays a subsidiary part, if any part at all, I have no doubt. I would like to emphasize very strongly that I deprecate the view that rickets may have many causes, an opinion which we hear frequently expressed today. This is an absolutely new departure in pathology. We know of no analogous condition and therefore before we accept such a hypothesis very definite proof must be forthcoming. Moreover, such a theory simply confuses the issue, and will retard rather than stimulate research. The multiplicity of its symptomatology does not by any means support a varied cause. Everybody who knows anything about rickets appreciates that the bone changes, though the most definite, are not the sole manifestations of the disease, but that the whole economy may suffer in unison.

"I admit that in assuming defective hygiene as the cause it is difficult to visualize the *modus operandi* of the exciting factor. It is quite different from the case of the toxin of a bacterium. Confinement and lack of exercise seemed more definite and more limited factors and might, as I have suggested, exert their harmful influence by inducing deficient oxygenation. It was the idea that confinement and defective exercise caused the disease that suggested the line of treatment—viz., massage and electricity, which has given, in our hands, the best clinical results. This line of treatment is specially interesting in view of the observation that "Scabies or itching occurring in the course of this disease (rickets) contributes much to its cure," made by Dr. John Mayo, in 1674." (*From the Lancet, April 29*, 1922; p. 830.)

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 1, 1922.

During the week just closed, there were 1,079 deaths and a rate of 9.64, as compared with 1,072 deaths and a rate of 9.72 during the corresponding week of 1921, a decrease of .08 points in the rate, which is equivalent, taking into consideration the increase in population, to a decrease of 8 deaths.

During the past week, there were 12 deaths reported from measles, as compared with 8; 3 deaths from scarlet fever, as compared with 4; 11 from diphtheria and croup, as compared with 12, for the corresponding period of 1921.

There were 108 deaths from cancer, as compared with 96; 233 deaths from heart disease, as compared with 194; and 62 deaths from Bright's disease, as compared with 69. The deaths from the pneumonias were practically the same as during the corresponding week of last year, being 66 deaths this year, as compared with 64 deaths last year. There were 97 deaths from pulmonary tuberculosis, as compared with 104 in the corresponding week of last year.

There were 130 deaths of infants under one year of age, as compared with 183, a decrease of 53. At the ages five to sixty-five there were 637 deaths, as compared with 600. The mortality at sixty-five years and over numbered 243, as compared with 228.

From January 1 to date, 84 infants under one year of age died out of every 1,000 born, as compared with 75 deaths for the corresponding period of last year.

The death rate for the first 26 weeks of this year was 13.71, as compared with 12.17 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY

3rd Floor, 505 Pearl Street

Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

B. TUBERCULOSIS.—Cobbett, L. The role of the three types of tubercle bacilli in human and animal tuberculosis. (Lancet, May 20, 1922. pp. 979-983. tables.)

DIETETICS.—Wickett, A. D. Dietetics from the medical point of view. (Mod. Hosp., June, 1922. pp. 546-548.)

DIPHTHERIA.—Kellogg, W. H. A test for diphtheria immunity and susceptibility. (A. M. A. Jour., June 10, 1922. pp. 1782-1783.)

DISPENSARIES.—Bacon, C. B. New York City Hospital's Dispensary. (Mod. Hosp., June, 1922. p. 505.)

DYSENTERY.—Youmans, L. E. and J. B. Youmans. A disease clinically resembling epidemic dysentery: report of outbreak in a rural community. (A. M. A. Jour., June 10, 1922. pp. 1798-1801.)

FOOT.—Grossman, J. The care of the foot during childhood. (Nation's Health, June, 1922. pp. 338-342. illus.)

FUMIGATION.—White, C. F. Preliminary experiences in the fumigation of ships with hydrocyanic acid gas. (Med. Officer, May 20, 1922. pp. 213-215.)

HYGIENE.—Darlington, T. Health and efficiency, 1922. 262 pp. **613D24**

N. Y. STATE PRISONS.—Squire, A. O. Hospital care at Sing Sing. (Mod. Hosp. June, 1922. pp. 509-512. illus.)

SWIMMING POOLS.—Atherton, W. Development in swimming pool construction. (Am. Assoc. Promoting Hygiene & Public Baths. Jour., Vol. 4, 1922. pp. 27-35.)

SWIMMING POOLS.—Crane, A. M. Swimming pool maintenance. (Am. Assoc Promoting Hygiene & Public Baths Jour., Vol. 4, 1922. pp. 74-84.)

TUBERCULOSIS.—Knopf, S. A. A history of the National Tuberculosis Association; the anti-tuberculosis movement in the United States, 1922. National Tuberculosis Assoc. 505 pp. **614.542K75**

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	April 8	April 15	April 22	April 29	May 6	May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1
Total deaths	1619	1577	1445	1503	1508	1475	1415	1384	1324	1224	1128	1044	1079
Annual Death Rate	14.47	14.09	12.91	13 43	13 47	13.18	12 64	12.37	11.83	11.47	11 21	9 33	9 64
*Acute Infectious Diseases	101	110	95	102	112	77	113	86	75	73	74	89	14
Pul. Tuberculosis..	119	117	107	102	105	99	89	109	104	111	112	101	97
Influenza	14	17	8	11	7	8	5	8	2	2	2	4	..
Lobar Pneumonia.	114	126	79	82	101	95	100	96	62	47	56	25	28
Broncho Pneum...	109	98	121	82	114	104	97	70	64	72	44	41	88
**Violent Deaths ...	82	78	62	64	82	81	64	78	82	67	120	75	82
Deaths under 1 year.	210	254	224	206	197	207	198	162	177	179	164	124	120
Rates per 1,000 births	82.7	100.0	88.2	81.4	78 0	82 0	78.5	64.2	70.1	70.9	65.0	49.1	51 5
Deaths under 5 years	385	408	394	362	382	367	382	293	305	298	276	210	199
" 5-65 years ..	847	826	760	822	806	787	743	799	725	693	735	630	687
" 65 years and over	387	343	291	319	320	321	290	292	294	293	244	204	243

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	280	244	278	211	260	340	379	402	229	288	298	209	283
Diphtheria	273	244	270	289	320	287	300	303	244	246	210	167	202
Measles	2590	2086	2403	2128	2214	2521	2251	2325	1399	1268	872	595	412
Scarlet Fever	383	354	275	328	359	331	353	296	218	159	89	104	88
Chickenpox	444	110	189	221	118	179	142	170	156	145	154	77	43
Influenza	59	42	25	29	25	29	19	23	9	18	5	9	6
Pneumonias	470	449	372	372	328	454	399	340	256	222	177	165	151
Typhoid Fever	4	3	9	8	5	12	11	6	10	7	9	13	18
Whooping Cough ...	122	79	91	94	93	129	110	90	85	93	106	100	111
Syphilis	284	243	362	307	3 7	224	254	321	206	225	206	294	211
Gonorrhoea	104	82	139	86	133	88	97	144	110	114	113	125	72
Poliomyelitis	1	1	1	2	1	1	1	4	*1	..	1	1	..
Cerebro-spinal Meningitis	6	6	4	6	6	5	5	6	4	7	1	1	3
Total	5020	3893	4368	4081	4174	4600	4321	4430	2927	2787	2241	1860	1560

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, July 1, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	503	506	487	970	824	39	11 58	11 62	11 18
The Bronx	732,016	809,536	127	114	108	300	127	13	8 51	7 35	6.16
Brooklyn	2,018,356	2,117,227	322	348	369	1009	525	41	8 09	8 57	9.09
Queens	469,042	516,683	79	77	90	167	123	8	8 28	7.77	9 09
Richmond	116,581	124,400	41	34	25	52	21	3	17 64	14.26	10 49
Total	5,620,048	5,839,738	1072	1079	1079	2498	1620	104	9 72	9 64	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-six weeks of this year there were 39,893 deaths, a rate of 13.71 per 1,000 population. During the corresponding weeks of last year there were 34,887 deaths, a rate of 12.17 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoeal Diseases, all Ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	19	43	..	..	..	12	22	11	10	6	1	35	70	106	290	110
The Bronx	2	19	1	..	..	4	2	4	4	..	1	6	12	19	72	23
Brooklyn	5	20	2	..	..	9	11	12	11	3	2	24	30	53	208	87
Queens	2	7	..	..	1	2	3	3	3	2	2	7	12	15	47	15
Richmond	..	8	..	..	..	1	..	..	..	..	2	2	6	6	20	8
Total	28	97	3	..	1	28	38	30	28	11	8	74	130	199	637	243

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoeal Diseases: Deaths	Diarrhoeal Diseases: Rate per 1,000 Births	Diarrhoeal Diseases: In Institutions	Diarrhoeal Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	66	63 0	9	8 6	3	6	99	24.1	10	2 4	14	3 4
The Bronx	14	48 4	3	10 4	..	3	20	12.8	3	1.9	2	1.2
Brooklyn	82	38 8	6	6 3	1	5	56	13 2	12	2.8	5	1 2
Queens	13	70 2	3	16 2	..	3	19	18.4	3	2 9	2	1 9
Richmond	5	89 3	..	...	..	..	5	21.6	..	.	.	...
City of New York.	130	51 5	21	8 3	4	17	199	17.8	28	2 5	23	2 0

During the first twenty-six weeks of this year 5,516 infants died, a rate of 84 per 1,000 births. During the corresponding weeks of last year 4,926 died, a rate of 75 per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Pulmonary Tuberculosis: Kingston Avenue	Pulmonary Tuberculosis: Otisville Sanitor	Pulmonary Tuberculosis: Riverside Hospital	Grand Total
Rem'g 6 24- 22.	87	83	39	39	37	60	13	24	13	3	1	1	..	..	4	19	..	573	94	1090
Admitted	15	33	17	6	7	13	3	6	4	1	..	1	.	..	..	27	..	14	1	148
Discharged ..	26	14	4	11	12	10	5	14	3	2	1	.	.	.	3	3	.	14	2	124
Died	1	7	5	3	.	3	..	1	2	.	.	1	..	..	.	.	..	.	2	25
Rem'g 7-1-'22..	75	95	47	31	32	60	11	15	12	2	..	1	..	..	1	43	..	573	91	1089
Total treated	102	116	56	45	44	73	16	30	17	4	1	2	..	..	4	46	.	587	95	1238

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and Under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1079	1072	571	508	130	31	38	199	49	78	199	316	243
1. Typhoid Fever	3	3	2	1	..		..	..	1	1	1	..	
2. Malarial Fever	..	..	..	..	..		..						
5. Measles	12	8	6	6	4	6	1	11	1	..	..	..	
6. Scarlet Fever	3	4	1	2	..		2	2	1	..	..		..
7. Whooping Cough	2	3	..	2	1	..	1	2	..		..	..	..
8. Diphtheria	11	12	4	7	..	2	6	8	3		..	..	
9. Influenza	..	1	..	..	..	..	..	..			..	..	
Poliomyclitis	..	1	..	..	..	..	..	..	..				
12. Other Epidemic Diseases	6	1	3	3	4	1	1	6	..		.		..
13. Pulmonary Tuberculosis	97	104	60	37	2	4	1	4	..	22	50	15	6
14. Tbc. Meningitis	18	8	9	4	..	4	3	7	2	4	..	..	..
15. Other forms Tbc.	7	5	4	3	..	1	..	1	1	..	4	1	
16. Cancer, Malignant Tumor	108	96	45	63	..	..		..	..	..	18	61	29
17. Simple Meningitis	7	1	3	4	1	1	..	2	1	2	..	2	..
17a. Cerebro-spinal Meningitis	3	3	1	2	..	..	..	..	1	1			1
18. Apoplexy, Softening of the Brain	3	13	1	2			..	..		..	..		3
19. Organic Heart Diseases	216	184	89	127	..	..	..	..	7	8	25	78	98
20. Acute Bronchitis	1	5	.	1		1	..	1		..	..	.	..
21. Chronic Bronchitis	..	1	..	..					..		..		..
22. Lobar Pneumonia	28	37	14	14	4	1	1	6	1	2	5	10	4
22a. Broncho Pneumonia	38	27	27	11	16	5	3	24	2	2	2	2	6
23. Other Respiratory Diseases	5	3	2	3	..	..	1	1	..	1	..	2	1
24. Diseases of the Stomach (Cancer excepted)	6	4	5	1	..	..	..	..		..	2	3	1
25. Diarrhoeal Diseases (under 5 years)	28	42	13	15	21	4	3	28	..				..
26. Appendicitis and Typhilitis	20	21	13	7			2	2	1	3	7	6	1
27. Hernia, Intestinal Obstruction	14	15	7	7	2	..	.	2	..	2	2	4	4
28. Cirrhosis of Liver	8	7	5	3		..		..		1	..	6	1
29. Bright's Disease and Nephritis	62	69	34	28	..	..			3	1	11	26	21
30. Diseases of Women (not Cancer)	9	10	..	9			..			..	4	4	1
31. Puerperal Septicaemia	1	..		1				.		1	..	..	
32. Other Puerperal Diseases	8	8		8						1	6	1	
33. Congenital Debility, and Malformations	59	86	40	19	58	..	1	59	.	..	..		
34. Old Age	5	5	2	3					..	..		1	4
36. Violent Deaths	82	82	61	21	3	2	7	12	17	9	21	18	5
a. Sunstroke	..	10	..	.			..	..	..	..	..	..	..
b. Other Accidents	74	68	55	19	2	2	7	11	17	9	17	15	5
c. Homicide	8	4	6	2	1	..	..	1	..	..	4	3	.
36. Suicide	11	11	9	2	..	..	.	..	..	..	5	5	1
*37. All other causes	201	187	109	92	14	2	5	21	7	12	34	71	56
38. Ill-defined causes	2	5	2	..	..		..	..	..	..	2	..	..

Deaths in Institutions,	486	Mean temperature,	71.9 deg. Fahr.
Mean barometer,	29.86	Minimum temperature,	60 deg. Fahr.
Mean humidity,	80.4	Maximum temperature,	88 deg. Fahr.
Precipitation,	3.70		

†If the deaths under one month, numbering 60 from all causes, be deducted from the total deaths under one year, the resulting rate will be 28 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 4, Syphilis 4, Diabetes 22, Alcoholism 4, Locomotor Ataxis 2, Paresis 6, Arterio-sclerosis 53, all other congenital causes 7.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JULY 15, 1922. No. 28.

RESULTS OF FIFTY-FOUR YEARS OF PUBLIC HEALTH WORK.

If all the ambitions of health officials were realized, each year would find a decrease in the prevalence of disease and a material reduction in the death rate. The conscientious health officer can imagine no greater pleasure than to announce substantial progress in the longevity of the community.

The residents of the City of New York are wont to point with pride at its tremendous size, to its tall buildings, to its magnificent shops, to its palatial hotels, to its myriads of theatres and places of amusement, but how few give a thought to its most remarkable feature, the one that is indeed the very foundation upon which its whole structure stands—its healthfulness. How few stop to consider the vastness of the problem of safeguarding the health of its six million inhabitants, its thousands of visitors, and its many thousands of non-resident workers, preventing epidemics within the city, and excluding plagues from abroad.

As the most important port of the country, it is the gate of entry of a never-ceasing flow of immigrants and travelers, every one of whom is a potential source of epidemic disease. Had it not been for the watchfulness of the Department of Health the residents of the city during the past year might have been decimated by an epidemic of typhus fever imported from abroad. Five cases of this disease escaped the scrutiny of the Federal authorities, but fortunately were immediately discovered by the Department of Health through the co-operation of the hospitals, and returned to quarantine. This caused the Department to set up its own inspection of immigrants, and between April and August, 1921, every immigrant and all travelers from the plague spots of Europe were examined by the inspectors of the Department of Health. One hundred and thirty-six thousand, three hundred and seven (136,307) persons were examined. Of this number 1,444 were held. 1,410 because they were infested with body lice, the disseminators of typhus. All these were taken to the Department hospitals where they were deloused and their baggage sterilized, in order that the lives of our own people might not be endangered.

This is one example of the daily work of the Department of Health.

Digitized by Google

When the milkman delivers our daily supply, do we ever consider that the milk is made safe for our babies and for ourselves because of the watchfulness and loyalty of a handful of men who are ever on the job? Night and day, they keep our milk supply constantly under observation, not only at the thousands of farms throughout the State of New York and the adjoining States where it is produced. but throughout every phase of its handling until it reaches our homes.

Forty years ago the New York City Health Department found that all the milk sold in the city was adulterated. If it was so grossly adulterated, how frightfully contaminated must it also have been.

Today the city's supply is not only free from adulteration, but it is from healthy herds which are well fed, well cared for and under constant inspection in order that the supply may not be contaminated by the germs of disease.

Everything that enters into the daily life of our people that may be a possible source of disease and death, is watched over by the Health Department, and it is because of that that the death rate of the city has been brought down from 28 per 1,000 of the population to 11 per 1,000. In plain language, this means that 100,000 lives were saved last year and 1,000,000 cases of illness were prevented.

What does this saving mean when translated into dollars and cents?

Assuming that an average life is worth $500, that the average duration of each case of illness is ten days, and that the average cost of each day's illness by reason of loss of work and of medical care is $5 per day, this would make a total saving of $100,000,000, approximately twenty times the annual budget of the Department of Health. In other words, the yearly expenditure of the City of New York on its Health Department, besides saving untold grief and sorrow occasioned through death, and worry and anxiety through illness, pays a profit of about 2,000 per cent.

The Department of Health of the City of New York dates back to March 5, 1866. It took a little time to get the organization in running order, but from 1869 to the present date, we have very accurate statistical records. In order that the present generation may visualize what has been accomplished in this city in the interest of public health, we have prepared charts showing the results obtained by the activities of the Department from 1868 to the present time.

The most striking evidence of the value of public health supervision is the decrease in the death rate among children. Up to 1891, deaths of children under five years of age averaged about 100 per 1,000 of the population living at these ages. This means that about 10 per cent of the children died before they were five years of age.

In 1891 the death rate of infants under one year of age amounted to 241 per 1,000 children born. In other words, practically one-fourth of all the babies born in the city died before they were a year old. The total of the deaths from the diarrhoeal diseases during the summer season in those years was terrible to contemplate.

Almost the first activity of the Metropolitan Board of Health was to make an investigation of the milk supply of the city. Dr. Charles F. Chandler, later President of the Board of Health, discovered that all the milk sold in the City of New York at that time contained 25 per cent added water. This investigation is evidence that there was early recognition of the importance to the community of a pure milk supply.

It was not until 1891, however, that a real campaign was instituted for the correction of the evils associated with the distribution of milk. In that year, 1891,

Digitized by Google

Mr. Nathan Straus started his campaign for pure milk. A few years later he insisted that the milk should be pasteurized. There was much opposition to his views, so in order to demonstrate the truth of his theory, he established milk depots. This pioneer work of Mr. Straus, together with the development of the baby health stations, has resulted in a wonderful lowering of the death rate among children. In thirty years the death rate of children under five has fallen from 97 per 1,000 to 24 per 1,000. In the same time the death rate among infants under one year of age has fallen from 241 per 1,000 to 71 per 1,000; a saving of over 20,000 babies in one year. The rate established in this city in 1921, of 71 per 1,000, is the lowest infant death rate ever reached by any large city in the world. Two of the boroughs of the city, Brooklyn and The Bronx, had rates of 65 and 63, respectively. These rates probably are lower than can be found anywhere in a similar aggregation of people.

Last Fall, the present Commissioner had the pleasure of going through the Public Health Exposition with Dr. Stephen Smith, who was Commissioner of Health in 1870. They were much interested in a chart contrasting the death rates of 1870 and of 1920. There can be found no more satisfactory proof of what science has accomplished for humanity than is shown by these figures. For instance: In 1870 the death rate from malaria for every hundred thousand of the population of New York was 27. Now we rarely have a fatal case of malaria unless it is imported into the community. This accomplishment is the practical result of the discovery that malaria is carried by a certain type of mosquito, the anopheles. It is well known now, that yellow fever and malaria are transmitted by the mosquito, but it is a matter of record that as early as 1870, Dr. J. C. Nott, of the New York City Department of Health, stated that yellow fever was due to a germ, and that it was communicated to man by the bite of an insect.

When it was established that the mosquito was responsible for carrying the germ of malaria, the Board of Health proceeded at once to drain the marshes in order to destroy their breeding places, and 3,500 miles of ditches have been dug in order that the 27,000 acres of marsh lands within the city limits might be drained. The result of this is that malaria is now practically unknown to the present generation in this city.

Before the introduction of vaccination, epidemics of smallpox visited the city every few years and, in 1872, 119 out of every 100,000 of the population died from this disease. In 1875 the death rate reached 124 per 100,000. Contrasted to this dread record is the encouraging one that there has not been a death in this city from this disease during the last nine years.

Our people have learned the value of vaccination, and as a result, we rarely have a case of smallpox, unless it is imported into the community. In 1921, there were but 29 cases of smallpox in New York City, none of which was fatal.

There is no finer example of the achievement of sanitary science than the record that has been made in the prevention and control of pulmonary tuberculosis.

In 1871, the death rate of this disease was four hundred and six (406) per 100,000 of the population. In 1921, it had been brought down to 89 per 100,000. Had the rate of 1871 prevailed last year there would have been 23,350 deaths, instead of 5,143, a saving of 18,207 lives in one year.

The statistics of typhoid fever offer further evidence of what has been accomplished in preserving the public health. In 1870, 40 persons per 100,000 of the population died of this disease. In 1921, this rate had fallen to 2 persons per 100,000.

Digitized by Google

Furnishing the city with an ample supply of pure water, and protecting its food supply against contamination have been the two most important factors to make typhoid fever no longer a cause of fear. If the citizens of New York were to remain within the city limits we would never have a case of typhoid, because within recent years all the cases reported in the city have been contracted elsewhere, usually on vacations in communities where the food and water supply are not so carefully guarded as is ours.

It is difficult for those of us whose ideas and experiences are old-fashioned to appreciate the vast change that has taken place in the views of the scientific world regarding transmission and indeed also the control of the contagious diseases. It was thought, for example, of scarlet fever, that the patient was surrounded with some sort of emanation or atmosphere; it was believed that the clothing, the articles in the room, and in fact everything that came in contact, not alone with the patient, but with his surroundings, became contaminated and carried the contagion of the disease. This is not believed any longer. While the germ has not been discovered, it has been satisfactorily shown that the virus or contaminating agent is found chiefly in the secretions of the nose and throat and possibly in some of the other secretions of the body, and is spread almost exclusively by direct contact. Fumigation, which was formerly so strongly relied upon as a preventive measure, has been found to be of no practical value and has been discarded. Our greatest efforts are now directed towards the detection of early cases, when they are still ambulatory—before they have taken to bed, in order that they may be promptly isolated before they have had an opportunity to spread the disease.

The correctness of these modern views seems to be amply demonstrated. Where the death rate from scarlet fever was about 100 per 100,000 of the population in former years, today it has been reduced to 5 per 100,000. The disease while still widespread is far less fatal and medical progress has made its complications much less formidable.

The measles record is of compelling interest. In 1869, out of every 100,000 of the population, 62 died of this disease, so it is encouraging to note that, by 1921, the rate had fallen to 3 per 100,000.

Whooping cough is another disease showing the improved conditions of modern times. While there were 47 fatalities per 100,000 fifty years ago, there are but 7 today.

When we come to study the record of diphtheria, our cup of joy overflows. The history of this disease shows periodical epidemics. The first one recorded by the Board of Health occurred in 1875, when the death rate was 295 per 100,000 of the population. Six years later, 1881, there was another epidemic, when the deaths mounted to 266 per 100,000. The end of another six years brings us to 1887, when a death rate of 205 per 100,000 was recorded. The next epidemic, in 1895, caused a death rate of 163 per 100,000. In 1894, the first diphtheria anti-toxin produced in this country was made in the Health Department laboratory and its effectiveness in controlling the disease was immediately shown as can be seen by the records. There has been a steady decline in both the prevalence and fatality of this disease since the introduction of this therapeutic and preventive measure. In 1921 the death rate from diphtheria had dropped to 18 per 100,000 of the population. The introduction of two other discoveries of science—the Schick Test, which makes it possible to detect the persons susceptible to diphtheria, and the use of toxin-antitoxin, which renders these susceptible persons immune—promises within a few years to entirely eradicate this former harvester of death.

Digitized by Google

Were there no other reason to justify the establishment of the first municipal bacteriological laboratory in the world, what has been accomplished in the control of diphtheria alone would deserve the plaudits of mankind.

Deaths in the City of New York when the Department of Health was Organized Compared with the Deaths During 1921.

Cause of Death	Actual Deaths in 1921	Deaths in 1921 if average rate of 1868 to 1872 had prevailed	Number of Lives Saved
ALL CAUSES	64,257	161,150	96,893
Typhoid Fever	123	2,013	1,890
Smallpox	0	3,163	3,163
Measles	165	2,070	1,905
Scarlet Fever	387	5,694	5,307
Whooping Cough	350	2,128	1,778
Diphtheria	891	5,062	4,171
Pulmonary Tuberculosis	5,143	22,350	17,207
Diarrhoeal Diseases under five years	2,129	18,920	16,791

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 8, 1922.

During the week just closed there were 1,091 deaths and a rate of 9.75, as compared with 1,069 deaths and a rate of 9.70 during the corresponding week of 1921, an increase of 22 in the absolute number of deaths and .05 points in the rate, which is equivalent, taking into consideration the increase in population, to an increase of 6 deaths.

During the past week there were 11 deaths from measles as compared with 3; 1 death from scarlet fever as compared with 5; 18 deaths from diphtheria and croup, as compared with 18; and 8 deaths from whooping cough as compared with 7. The contagious deaths show a decrease of 5 from the corresponding week of 1921.

There were 88 deaths from cancer as compared with 89; 226 deaths from heart diseases as compared with 194; and 77 deaths from Bright's disease as compared with 56. There was an increase of 2 deaths from the pneumonias, the figures being 62 and 60, respectively, and 77 deaths from pulmonary tuberculosis as compared with 95, in the corresponding period of last year.

There were 166 deaths of infants under one year of age as compared with 158, an increase of 8 deaths. At the ages 5 to 65 years there were 629 deaths as compared with 608. The mortality at sixty-five years of age and over numbered 226 as compared with 221.

From January 1 to date, 83 infants under one year of age died out of every 1,000 born, as compared with 74 deaths at the same age for the corresponding period of last year.

The death rate for the first twenty-seven weeks of this year was 13.56 as compared with 12.08 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

by this community, are suffering from communicable disease which remains unrevealed, either because the individuals are poorly examined, or because they do not submit to any examination whatever.

We are coping with the situation as well as our forces permit. We must depend on the social and civic spirit of the practicing physicians to do this work with thoroughness, and with a sole regard for the interest of the community, where that conflicts with those of the foodhandlers who may be suffering from communicable disease. If this work were carefully and conscientiously performed by the great mass of physicians in this City, there would be nothing for the Department to do in this work, except guide and direct it, and supply medical examinations for the indigent.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the third installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

Measles.

Q. What is the infectious agent?
A. It has not been identified.
Q. What is the source of infection?
A. The buccal and nasal secretions of an infected individual.
Q. What is the mode of transmission?
A. Directly from person to person; indirectly through articles freshly soiled with the buccal and nasal discharges of an infected individual. Measles is the most easily transmitted of all communicable diseases.
Q. What is the period of incubation?
A. By inoculation, seven days; otherwise, up to three weeks, usually fourteen days.
Q. What is the period of communicability?
A. During the period of catarrhal symptoms, and until the cessation of abnormal mucous membrane secretions—minimum period of seven days—from two days before to five days after the appearance of the rash.
Q. What is the length and character of the prodromal period?
A. Four days; characterized by catarrhal inflammations of the mucous membranes of mouth, eyes, nose, throat, larynx, bronchi, stomach and intestines, due to the eruption on mucous membranes, the enanthem, in other words.
Q. Is the enanthem important in diagnosis and prognosis?
A. Yes, its first manifestation is on the gums and buccal mucous membrane, consisting of miliary elevations (Koplik's spots) with more or less peripheral erythema. These spots are pathognomonic, and are usually, but not invariably, present.
Q. What is one important difference between the distribution of complications in scarlet fever and in measles?
A. In measles there is no tendency to invade cavities lined by endothelium.
Q. Describe the skin eruption of measles?
A. The lesions are macular, becoming maculo-papular. They are arranged in patches. These patches are light or dark-red in color, of crescentic, circular or irregular shape, scattered or confluent, with much or little normal skin between. The lesions may go on to vesicle formation, and may become, to a greater or lesser extent, hemorrhagic.
Q. What may be said of the distribution of the eruption?

Digitized by Google

A. It appears on the face, neck, trunk and extremities. It reaches its full development in two to four days.

Q. What may be said of the course of the disease?

A. As in scarlet fever, the temperature stays up and rises with the culmination of the eruption. The patient suffers from symptoms which belong to the inflammation of one or more of the mucous membranes. There is running from nose and eyes; there is photophobia; there is pain in swallowing, and cough; there may be laryngitis, sometimes so severe as to require intubation; there is usually bronchitis—in some cases this is delayed until after the appearance of the exanthem, in favorable cases the eruption and the fever subside within a week. In more severe and unfavorable cases there is broncho-pneumonia, gangrene of the mouth or vulva, suppurative-otitis*, croupous-laryngitis, and nephritis.

We seldom or never see malignant or "black" measles. Such cases, when they did occur, were practically identical with malignant hemorrhagic smallpox. The patients bled to death into the mucous membrane cavities, in two or three days.

Q. What conditions may lead to difficulty in the diagnosis of measles?

A. There are, though less frequently every succeeding year, severe cases of measles, with a confluent rash and congestion of skin sufficiently intense to cause pseudo-papulation which, for a few hours, is indistinguishable from an early confluent smallpox. Isolation, and a second visit—twelve to twenty-four hours later—solve the difficulty. Some drugs—notably copaiba, belladonna as well as sepsis, or venous congestion due to acute alcoholism or to a failing heart, may give erythemas or discolorations of skin resembling the rash of measles. In other respects, however, these conditions are easily distinguishable. There are, occasionally, severe cases of German measles, with intense rashes and two or three degrees of fever, which may be sufficiently suggestive of measles to render twenty-four-hour delay in diagnosis advisable. Measles rashes and subjective symptoms do not subside at the rate that the corresponding manifestations of German measles do.

Q. What is the attitude of the Department of Health in connection with hospitalization of measles cases?

A. The Department maintains measles service in its various hospitals for cases that cannot receive proper care elsewhere, but believes that patients suffering from measles do better in the home than in the hospital.

TRADEMARKS OF CLINICAL THERMOMETERS.

Section 190 of the Sanitary Code, and the regulations thereunder, require that all thermometers upon which appear a trade-mark shall have such trade-mark filed with the Department of Health. The following is a list of trade-marks filed since the law went into effect:

"A"	"American Standard"
"A.E.M."	"AP"
"Advance"	"Arrow Brand"
"AH"	Design consisting of the letters A and S superimposed, within a double circle.
"Aico"	
"Albo"	
"Alsco"	"Astco"

*In connection with the cases of measles that have occurred during the past few months in this city, it has been noticeable that ear complications have been much more frequent than heretofore.

Digitized by Google

"Azoom"
"Ad-Ron-Dak"
Design consisting of the letters A and Z superimposed, within a double octagon.
Design consisting of a double B.
"B.A.I."
"B-D"
"B-D Co."
"B-D Presto"
"B-D Presto-Saranac"
"B-D Sanator"
"B-D Saranac"
"B-D Twin-Bulb"
"B-D Yale"
"Belvedere"
"Berkshire"
"Betz Hospital"
"Betz Special"
"B. L. & Co."
"Blackman & Fink"
"B. T. Co."
"Bura"
"Bura Excelsior"
"C-B Rectal"
"C.C.C."
"Centaur"
"Champion"
"Chelsea"
"Chester"
"C-P-B Rectal"
"C.T.M. Co."
"DDYTO"
"Donco"
"Dunlap Instrument Company"
"Durit"
"Duroc"
"E"
"Economy"
"Efco"
"Ekay"
"Elite"
"Empire"
"Emsi"
"Eplo"
"E-Z-C"
"Fack nee"
"Facrit"
"Faith"
"Farrer"
"Feverite Sure Shake"
"Fevertest"
"Firstaid"
"Fordprodco"
"Franklin"
"Greenwich"
"Gosco"
"H 934 and 934"
"H"
"Harvard"
"Harvard-Sunshine"
"Heine-Vocke & Co."
Design consisting of the letter H within a square.
"Holstein"
"Hospiclinic"
"Hospico"
"Household"
"Household Aseptic"
"HRAY"
"HUTCO"
"H.W."
"HYDE"
"HYGRADE"
Design consisting of a bracket with its arms pointing vertically crossed by an inverted T.
"Hy-jen-ic"
"Ideal Aseptic"
"J"
"Janua"
"Jenaer Normalglas".
"Jersey"
"Jewel"
"Jowill"
"K.L."
"Kesek"
"Kohinoor"
"L" in a circle.
"LENOX"
"Leeko"
"L S J"
"MANHATTAN"
"MASC"
"Mass. McG"
"Mass. M. I. C."
"MAX."
"MAXIMUS"
"MAXIMUS" (for veterinary use)
"Men-J"
"Metro"
"Metropolitan Standard"
"MOGUL"
"Mohosco"
"MONARCH"
"N"

Digitized by Google

"NATIONAL THERMOMETER CO."
Design consisting of "N. T. Co." within a triangle.
Design consisting of "N.Y.T.Co." within a diamond.
"Olympian"
"OMEGA"
"1 Minute. Made in Germany"
"P. B. Co."
Design consisting of the letter P with B inscribed in the loop.
"Perfection"
Design consisting of "Pecco" within a diamond.
"Popular"
"PROGRESS"
"P-B Kohinoor"
Design consisting of the letter P within a diamond.
"P. S."
"R.S.T.Co."
"Record"
"R.T.V."
"Rexco"
"Rough Rider"
"R.S.T.Co."
"R" in a circle
"The Randall-Faichney Co., Inc."
"Ranfac"
"R. & B."
"R. F."
"Royal"
"R. T. V."
Design consisting of the letters A and S superimposed.
Design consisting of the letter S flanked by two arrows.
Design consisting of the letter S within a diamond.
Design consisting of "S.T.B" surrounded by a line.
"SAFETY"
"Saxon"
"S. & B. N. Y."
"Security"
"Sieco"
"SIMPLEX"
"Spera"
"Spimco"
"State"
"SUTICO"
Design consisting of a star within a circle.
"S T C"
"T A B T T O P"—(the central T is surrounded by a diamond)
"The G F. Co."
"Thermo-Recto"
"TIMICO"
"T R"
"Tycos"
"Tagliabue, N. Y."
"TAG Reliable"
"TAG-Vet"
"Taylor 68"
'Tel-a-fever"
"Test-Rite"
"U"
"Ustco"
"USPECO"
"Upsala"
"VETERINARIAN"
"VICTORIAN"
"Viking"
"VIM"
Design consisting of the letter W within a triangle.
"Watters"
"Watters Laboratories"
"W.B."
"WK"
"Zyco"
"Zyco Special"

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 15, 1922.

There were 1,094 deaths and a death rate of 9.77 reported during the week as compared with 1,041 and a rate of 9.44 during the corresponding week of 1921, an increase in the absolute number of deaths of 53 and in the relative number of deaths of 37.

The principal factors in the increased mortality were the increase in the deaths from organic heart disease, from cancer, from pulmonary tuberculosis and from violence. There were 214 deaths reported from organic heart diseases, as compared with 188, an increase of 26; 115 deaths reported from cancer, as compared with 88, an increase of 27; 89 deaths reported from pulmonary tuberculosis

Digitized by Google

compared with 74, an increase of 15. There were 102 deaths attributed to violence, as compared with 89, an increase of 13. Apparently the epidemic of measles is over as there were only 4 deaths reported from this cause as compared with 2. The welcome incident in the week's mortality was the comparatively few number of deaths reported from diarrhoeal diseases under five years of age, there having been 40 deaths reported as compared with 71, a decrease of 31 deaths. The same number of deaths was reported from diphtheria and croup, 11, as in the corresponding week of 1921.

During the week there were 20 deaths reported from drowning; 21 deaths from being run over by street vehicles and 24 deaths from falls.

Viewed from the point of age grouping, infants under one year of age showed a low mortality of 158 deaths as compared with 186, a decrease of 28; between one and five years of age there were 6 more deaths reported than in the corresponding week of 1921; between five and sixty-five years of age there was an increase of 57 deaths reported and at ages sixty-five years and over an increase of 18 deaths reported.

The death rate for the first 28 weeks of the year was 13.43 as compared with a rate of 11.98 in the corresponding period of 1921, an increase of 1.45 of a point.

From January 1 to date, 38 infants under one year of age died out of every 1,000 births reported, as compared with the mortality of 74 at this age group in the corresponding period of 1921.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	April 22	April 29	May 6	May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15
Total deaths	1445	1508	1508	1475	1415	1384	1324	1284	1255	1044	1079	1091	1094
Annual Death Rate	12.91	13.43	13.47	13.18	12 64	12.37	11.83	11.47	11 21	9.33	9 64	9.75	9 77
*Acute Infectious Diseases	95	108	112	77	113	86	75	73	74	89	84	44	24
Pul. Tuberculosis..	107	102	105	99	89	109	104	111	112	101	97	77	89
Influenza	8	11	7	8	5	8	2	2	2	4	..	2	2
Lobar Pneumonia..	79	82	101	95	100	96	62	47	56	25	28	23	21
Broncho Pneum. ..	121	82	114	104	97	70	64	72	44	41	38	34	28
**Violent Deaths ...	62	64	92	81	64	78	82	67	120	75	82	89	94
Deaths under 1 year.	224	206	197	207	198	162	177	179	164	124	120	108	158
Rates per 1,000 births	88.2	81.4	78.0	82.0	78.5	64.2	70.1	70.9	65.0	49.1	51.5	65.7	62.7
Deaths under 5 years	394	362	382	367	382	293	305	298	276	210	199	236	224
" 5-65 years ...	760	822	806	787	743	799	725	693	785	630	637	629	682
" 65 years and over	291	319	320	321	290	292	294	293	244	204	243	226	228

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	278	211	260	240	279	402	229	228	298	209	282	199	27
Diphtheria	270	289	320	257	300	308	244	246	210	167	212	166	140
Measles	2408	2128	2214	2521	2251	2225	1899	1268	872	595	412	318	227
Scarlet Fever	275	228	259	231	253	296	218	159	89	104	88	55	69
Chickenpox	139	221	118	179	142	170	156	145	154	77	42	44	29
Influenza	25	29	25	29	19	23	9	18	5	9	6	1	7
Pneumonias	372	373	323	454	399	340	256	222	177	165	151	86	106
Typhoid Fever	9	8	5	12	11	6	10	7	9	13	18	15	19
Whooping Cough ...	91	94	98	129	110	90	85	93	106	100	111	75	67
Syphilis	362	307	317	324	354	321	206	225	206	294	211	162	227
Gonorrhoea	139	86	133	88	97	144	110	114	113	126	72	101	109
Poliomyelitis	1	2	1	1	1	4	1	..	1	1	..	2	1
Cerebro-spinal Meningitis	4	6	6	5	5	6	4	7	1	1	3	1	2
Total	4966	4081	4174	4600	4821	4480	2927	2787	2241	1880	1560	1211	1312

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, July 15, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	502	487	447	1071	745	57	11 50	11 19	10.27
The Bronx	732,016	809,536	115	114	122	282	136	12	7 71	7.35	7.86
Brooklyn	2,018,356	2,117,227	309	361	388	899	484	43	7.76	8 90	9.56
Queens	469,042	516,683	81	89	103	200	40	14	8 49	8 99	10.40
Richmond	116,581	124,400	34	43	34	54	26	2	14 68	18 04	14.26
Total	5,620,048	5,839,738	1041	1094	1094	2506	1431	128	9 44	9.77	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-eight weeks of this year there were 42,078 deaths, a rate of 13.43 per 1,000 population. During the corresponding weeks of last year there were 36,997 deaths, a rate of 11.98 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	33	..	2	..	13	16	14	14	6	5	40	71	103	285	99
The Bronx	..	16	..	..	..	2	3	1	1	..	..	8	11	12	70	32
Brooklyn	6	20	3	..	..	5	14	25	19	1	2	30	62	86	196	79
Queens	2	11	..	..	..	..	3	2	2	2	1	4	9	14	53	22
Richmond	..	9	..	..	..	1	2	4	4	1	..	4	5	9	28	6
Total	20	89	3	2	..	21	38	46	40	10	8	86	158	224	632	238

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	60	57 4	12	11.5	4	8	90	21 9	13	3 2	9	2 2
The Bronx	17	58 8	1	3.5	..	1	19	12.2	1	.6	..	.
Brooklyn	64	67 7	16	16.9	4	13	87	20 5	19	4 5	5	1 2
Queens	18	70.0	2	10.8	..	1	20	19.3	3	2 9	2	1 9
Richmond	4	72.1	2	36.1	..	2	8	35.0	4	17.5	..	. .
City of New York.	158	62.7	33	13 1	8	25	224	20 0	40	3.6	16	1 4

During the first twenty-eight weeks of this year 5,840 infants died, a rate of 83. per 1,000 births. During the corresponding weeks of last year 5,270 died, a rate of 74. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Hospital Queensboro: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-8-22..	62	83	30	34	36	62	14	12	7	2	..	..	..	..	..	52	..	577	90	1067
Admitted	6	21	5	4	6	6	5	6	..	1	..	1	..	..	..	20	..	17	1	99
Discharged ..	14	20	7	14	12	10	8	12	2	2	..	..	..	..	..	1	..	18	1	111
Died	1	3				1		1					..	..	..		..	1	1	18
Rem'g 7-15-22.	53	81	28	22	30	57	11	12	5	1		1	..	..	..	77	..	575	89	1042
Total treated	68	104	35	38	42	68	19	18	7	3	.	1	..	..	..	78		594	91	1166

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1024	1041	597	497	158	86	80	224	48	68	209	307	28
1. Typhoid Fever	1	7	1	..	..	..	..	..	..	..	..	1	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	2	1	3	..	4	..	4	..	..	1	..	..
6. Scarlet Fever	1	1	..	1	..	..	..	..	..	..	..	..	..
7. Whooping Cough	4	8	2	2	4	..	..	4	..	..	..	..	..
8. Diphtheria	11	11	6	5	1	1	6	8	3	..	1	1	..
9. Influenza	2	1	..	2	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	1	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	2	2	1	1	..	..	..	..	1	..	..	1	..
13. Pulmonary Tuberculosis	89	74	60	29	..	3	..	3	..	21	32	27	4
14. Tbc. Meningitis	11	4	6	5	1	2	5	8	2	..	1	..	..
15. Other forms Tbc.	4	8	1	3	..	..	..	..	..	..	2	2	..
16. Cancer, Malignant Tumor	115	88	52	63	..	..	..	..	1	1	16	64	33
17. Simple Meningitis	4	4	4	..	2	..	..	2	..	..	1	1	..
17a. Cerebro-spinal Meningitis	3	1	..	3	1	1	..	2	..	1	..	..	..
18. Apoplexy, Softening of the Brain	6	15	3	3	..	..	..	..	..	..	..	1	5
19. Organic Heart Diseases	206	178	119	87	..	..	1	1	6	10	29	74	86
20. Acute Bronchitis	..	4	..	..	..	..	..	..	..	..	..	..	..
21. Chronic Bronchitis	..	1	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	21	27	18	3	2	..	3	5	1	2	5	2	6
22a. Broncho Pneumonia	38	38	16	22	12	11	4	27	1	..	3	4	3
23. Other Respiratory Diseases	2	3	1	1	..	1	..	1	..	..	..	..	1
24. Diseases of the Stomach (Cancer excepted)	3	3	6	2	..	..	1	1	..	..	2	2	3
25. Diarrhoeal Diseases (under 5 years)	40	71	18	22	33	6	1	40	..	..	..	..	..
26. Appendicitis and Typhilitis	20	19	7	13	..	..	1	1	1	2	10	5	1
27. Hernia, Intestinal Obstruction	16	9	4	12	1	..	..	1	1	..	5	5	4
28. Cirrhosis of Liver	8	5	6	2	..	..	..	..	..	..	..	4	4
29. Bright's Disease and Nephritis	60	68	30	30	..	..	..	..	2	1	6	28	23
30. Diseases of Women (not Cancer)	3	6	..	3	..	..	..	..	..	1	6	1	..
31. Puerperal Septicaemia	3	1	..	3	..	..	..	..	..	..	3	..	..
32. Other Puerperal Diseases	9	11	..	9	..	..	..	..	..	2	7	..	..
33. Congenital Debility, and Malformations	77	71	50	27	77	..	..	77	..	..	..	..	..
34. Old Age	3	5	1	2	..	..	..	..	..	..	..	..	3
35. Violent Deaths	94	96	72	22	3	2	6	11	21	14	29	17	2
a. Sunstroke	2	14	2	..	..	..	..	..	..	..	1	1	..
b. Other Accidents	84	77	62	22	3	2	6	11	21	12	22	15	2
c. Homicide	8	4	8	..	..	..	..	..	..	2	5	1	..
36. Suicide	10	8	5	5	..	..	..	..	..	2	5	3	..
*37. All other causes	211	183	109	102	21	14	2	27	8	9	44	68	60
38. Ill-defined causes	3	3	3	..	..	1	..	1	..	..	1	1	..

Deaths in Institutions,	507	Mean temperature,	72.9 deg. Fahr
Mean barometer,	29.97	Minimum temperature,	62.0 deg. Fahr
Mean humidity,	76.1	Maximum temperature,	92.0 deg. Fahr.
Precipitation,	.64		

†If the deaths under one month, numbering 79 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 8, Diabetes 27, Alcoholism 4, Locomotor Ataxia 1, Paresis 6, Arterio-sclerosis 40, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. JULY 29, 1922. No. 30.

PUBLIC HEALTH LECTURE PROGRAM OF THE BUREAU OF PUBLIC HEALTH EDUCATION.

The Bureau of Public Health Education of the Department of Health will be prepared, beginning October 1, to give lectures on the following subjects:

- Personal Hygiene—
  - Physical Development.
  - Dental Hygiene.
  - Dental Surgery.
  - Care of the Feet
  - Care of the Hair.
- Sanitation, General.
- Social Hygiene—
  - Sex Education.
  - Eugenics.
  - Venereal Disease.
- Preventive Medicine.
- Bacteriology.
- Mental Hygiene.
- Child Welfare—
  - Prenatal Care.
  - Care of the Pre-school Child.
  - Care and Feeding of School Children.
  - Remedying Physical Defects of School Children.
  - School Health Work.
- Food.
- Preventable Diseases.
- Industrial Hygiene—
  - Occupational Diseases.
  - Occupational Hazards.
  - Accident Prevention.
- Special Diseases—
  - Cancer.
  - Anthrax.

Digitized by Google

Heart Disease.
Nephritis.
Diabetes.
Diseases of the Circulatory System.

Organizations desiring lectures on these topics will please communicate with the Division of Lectures, Bureau of Public Health Education, Department of Health, 505 Pearl Street, Manhattan, stating date and hour lecture is desired, kind and probable size of audience, whether male, female or mixed, adolescents or adults.

With the exception of the lectures on social hygiene, lectures are given by both men and women lecturers. For the social hygiene lectures the audiences are divided, and each portion addressed by one of like sex.

Any of the above lectures may be illustrated, if so desired. Lectures may also be had in the following languages: Arabic, French, Greek, Italian, Polish, Russian, Spanish, and Yiddish.

LECTURERS ON PUBLIC HEALTH TOPICS WANTED.

The Bureau of Public Health Education, of the Department of Health, desires to arrange for public talks on subjects relating to the preservation of public health, and extending opportunity for questions and discussion on medical topics. It is desired to arrange with well known specialists in various medical fields to give these talks at meetings of different societies on subjects of interest and importance to all practitioners.

These talks afford splendid opportunities for advertising medicine and instructing the public, and will do much to overcome the inroads of quackery and improper cults which prey and prosper on ignorance.

Volunteer speakers will kindly furnish the Director of the Bureau with the following particulars:

Full name; titles; connections; address; telephone; specialty. It would be helpful if the time available were mentioned.

VALUE OF PUBLIC HEALTH LECTURES GIVEN.

The lecture work of the Bureau of Public Health Education is steadily growing in popularity. It makes a special appeal to the foreign population unable to read English, and which is greatly in need of instruction in sanitation and American standards of living.

Labor is awakening to the vital importance of health to the worker, and its co-operation with the Department, as well as the splendid constructive work done by special unions, is one of the most hopeful signs of the times.

The continuation schools, Ys, mothers' clubs, churches, Girl and Boy Scouts and various other organizations, offer important fields for usefulness to the lecturers of the Department of Health.

Lectures Given by the Bureau of Public Health Education.

January—May, 1923.

	Jan.	Feb.	Mar.	Apr.	May.	Total
Lectures by Staff Inspectors..	384	351	297	258	277	1,567
Lectures by Outside Staff	64	43	68	68	65	308
Total Lectures Given	448	394	365	326	342	1,875

Digitized by Google

Number of Men Addressed by Staff Inspectors	4,222	4,001	4,113	3,912	2,833	19,081
Number of Women Addressed.	2,510	5,339	3,402	4,818	4,543	20,613
Total Number Addressed	6,732	9,340	7,515	8,730	7,376	39,694
Number of Men Addressed by Outside Staff	1,406	1,963	2,027	1,103	1,130	7,629
Number of Women Addressed.	1,711	1,902	2,352	3,179	1,401	10,345
Total Number Addressed ...	3,117	3,865	4,379	4,282	2,531	17,974
Total Number Addressed by Both Groups	9,849	13,205	11,894	13,012	9,907	57,668

Foreign language talks were in Syrian, Italian, Russian, Yiddish and Spanish.

THE DIAGNOSIS OF INFECTIOUS DISEASE.

The attached is the fourth installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

Scarlet Fever.

Q. What may be said of the infective agent?

A. Unknown.

Q. What is the source of infection?

A. The belief at present is that the virus is contained in the secretions from the nose and throat, in the blood and in the lymph modes, and that it is given off in the discharges from the mouth, the nose, the ears, and from broken-down glands of infected persons.

Q. What is the mode of transmission?

A. Directly by personal contact with an infected person; indirectly by articles freshly soiled with discharges of an infected person, or through contaminated milk.

Q. What is the length of incubation period?

A. Two to seven days, usually three or four days.

Q. During what time is the disease transmissible?

A. By fiat, in New York City, for 30 days from onset of symptoms, and until all abnormal discharges have stopped and open sores have healed.

Q. What are the cardinal symptoms of scarlet fever?

A. Fever, sore throat, rash—initial projectile vomiting is common in children.

Q. What is the course of the fever?

A. Sudden rise of 3 or 4 degrees at beginning of prodromal period; continues to rise with appearance of rash; usually reaches maximum (102 to 104F. in favorable cases) on second or third day of rash; returns to normal in uncomplicated and favorable cases by end of first week.

Q. What may be said of cases in which temperature continues to rise until end of first week?

A. They are unusually severe and of doubtful prognosis.

Q. Describe the enanthem?

Digitized by Google

A. The enanthem never misses fauces. In about one-third of the cases it affects the tongue. The pillars, the tonsils, the uvula, the soft palate and frequently the mucous membrane of the hard palate are inflamed. There is redness, more or less oedematous swelling, with or without exudate on tonsils, with or without miliary vesicles on uvula, soft and hard palate. The throat is usually very painful—in distinction from throat of German measles—it comes on with the fever and persists with the rash.

Q. What may be said of the tongue?

A. The tongue may show no abnormality. It may indicate the presence of fever. It may be the so-called strawberry tongue.

Q. How do you describe a strawberry tongue?

A. The tongue at first is coated, gray or yellow, with red tip and edges. Later within the week it desquamates, presents an intensely red surface, with enlarged papillae. This tongue, typical, may be considered pathognomonic. It is present in less than one-third of all cases.

Q. Describe the rash of scarlet fever?

A. The rash of scarlet fever, consists of an erythema plus a vesicular dermatitis. It appears first about 24 hours after onset of symptoms, on the upper chest spreading downward over trunk and extremities. It presents many variations. The face may be red and congested, as in confluent measles; there may be morbilliform areas on trunk and extremities; the greater part of the skin surface may be free from rash; the vesicular element may be absent, or present over all; the vesicles may coalesce, lose their miliary character, and become as large as split peas; haemorrhages into the skin may be present, to a considerable extent, even in mild cases; the color of the rash varies with its intensity and with the hue of the patient's skin; in colored subjects, it may be difficult to make out any eruption.

Q. Do these irregularities present limitations?

A. Yes, circumoral pallor is present when the face is affected. Neither morbilli nor coalescent vesicles are found throughout the entire eruption. While the hue is variable, it is comparatively constant, not changing from a light red to a dark purple in less than twenty-four hours—like the rash of mercurial ointment poisoning. [Colored people are very keen in discerning changes in hue in the skin of their own race, due to eruptive fevers.]

Q. Do many unrelated conditions simulate scarlet fever?

A. Yes, any other one of the exanthemata, typhoid fever, or influenza, can produce a prodromal scarlatinal rash; many other infections, early or late; many drugs; many articles of food; the mere presence of high fever, may produce a prodromal scarlatina. Abscesses, wounds, burns, recent curettage, child-birth, may all be followed by a scarlatinal eruption; sepsis can cause conditions of skin, of mucous membranes and of temperature, identical with those of scarlet fever.

Q. How may we differentiate these simulating conditions?

A. There can always be found some difference or some irregularity foreign to scarlet fever. The rash of scarlet fever never shows an urticarial element; never shows a distinct or circinate border; is not distinctly itchy. There is a proportion between pulse and temperature, between condition of throat and temperature, that is distinctly scarlatinal. A patient at death's door, with an intense scarlatiniform eruption and with a practical normal throat, is not suffering from scarlet fever. Of all the means of differentiation, however, at our disposal, a study of the duration of the relationship between the symptoms

Digitized by Google

of today and those of yesterday or of tomorrow, or the change for better or for worse taking place within twenty-four hours—is by far the most important. All of the above mentioned conditions, in their simulation of scarlatina, lack persistency of symptoms in scarlatinal proportion. Sepsis gives the most perfect imitation, but it can't keep it up for twenty-four hours. With all irregular cases, with all conditions suggesting scarlatina, but not quite coming up to requirements, and with all cases under one year, it is advised to make a second visit, next day, to confirm diagnosis.

Q. What may be said of the diagnostic value of desquamation?

A. Many cases, at times as high as 40 per cent, do not desquamate at all. Desquamation, unsupported by other evidence, is rarely a safe and sufficient bases for positive diagnosis.

Q. Is simulation or dissimulation of symptoms a more frequent cause of errors in diagnosis?

A. Simulation; by far the commoner error is to make a diagnosis of scarlet fever when it is not present than to fail in recognizing it when it is present.

Q. What are departmental procedures in connection with scarlet fever?

A. Isolation of patient in home or hospital, maintained in each case until end of period of infectivity; concurrent disinfection; terminal disinfection.

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 22, 1922.

There were 1,055 deaths recorded during the week with a death rate of 9.43, as compared with 984 deaths, and a rate of 8.93 in the corresponding week of 1921, an increase in the absolute number of deaths of 71 and in the rate of .5 of a point, which is equivalent to a relative increase of 56 deaths.

The causes showing material increases were as follows: Measles, 4; digestive diseases other than diarrhoeal, 30; cancer, 19; Bright's disease, 24; pneumonias, 15; diseases of the nervous system, 14, and violence, 6. Those causes showing material decreases were encephalitis lethargica, 5; diphtheria and croup, 2; whooping cough, 9; typhoid fever, 1; diarrhoeal diseases, 14, and pulmonary tuberculosis, 9.

There were 143 deaths of infants under one year of age reported, as compared with 181, a decrease of 38; between one and five years of age there was a decrease of 10 deaths; between five and sixty-five years of age there was an increase of 70 deaths, and at sixty-five years of age and over an increase of 49 deaths.

The week just closed was notable by reason of the adverse atmospheric conditions prevailing, the mean temperature during the week being almost three points higher than in the immediately preceding week with the result that there were 5 deaths reported from heat stroke and undoubtedly a large number of chronic invalids had their deaths hastened by the oppressive weather. It is also worthy of note that the death rate from the diarrhoeal diseases among children has been much lower since June 1st to date than in the corresponding period of 1921. The important factor in this decreased mortality has been the large amount of rainfall during the month of June and the month of July up to date.

The death rate for the first 29 weeks of the year was 13.29 per 1,000 of the population, as compared with 11.88 during the corresponding period of 1921.

Eighty-two infants out of every 1,000 born died from January 1st to date, as compared with 74 deaths at this age group in the corresponding period of 1921, an increase of 8 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ANTHROPOLOGY.—Boas, F. Report on an anthropometric investigation of the population of the United States. (Am. Stat. Assoc. Jour., June, 1922. pp. 181-209.)

DIPHTHERIA.—Cooke, J. V. Active immunization of nurses against diphtheria in a children's hospital. (Am. J. Dis. Child, June, 1922. pp. 496-502, tables.)

ENCEPHALITIS, EPIDEMIC.—Barker, L. F. The sequelae of epidemic encephalitis. (New York State J. M., June, 1922. pp. 251-256.)

MEDICAL INSPECTION.—Graham, J. R. Acute infectious diseases in New York City; two decades of inspection from the standpoint of the medical inspector. (Nation's Health, June, 1922. pp. 345-348.)

MILK SUPPLY.—Kelly, E. The United States protects her milk supply; work of Dept. of Agriculture has made nation leader in dairy sanitation. (Nation's Health, June, 1922. pp. 333-335, illus.)

OCCUPATIONS, DISEASES AND HYGIENE.—U. S. Labor Statistics, Bureau of. Occupation hazards and diagnostic signs; a guide to impairments to be looked for in hazardous occupations, by L. I. Dublin and P. Leiboff. Apr., 1922. 81 p. (Bull. No. 306.) **VF**

POLIOMYELITIS—Amoss, H. L. Communicability and serum treatment of poliomyelitis. (New York State J. M., June, 1922. pp. 256-259.)

TONSILS.—Kaiser, A. D. Effect of tonsillectomy on general health in five thousand children. (A. M. A. Jour., June 17, 1922. pp. 1869-1873, tables.)

TUBERCULIN TEST.—Happ, W. M., and H. R. Casparis. The value of the intracutaneous tuberculin test in extensive tuberculosis. (Am. J. Dis. Child., June, 1922. pp. 527-530, tables.)

TUBERCULOSIS, CHILDREN.—Hamburger, F. The frequency of tuberculosis in childhood. (Am. J. Dis. Child., June, 1922. pp. 481-483.)

VENTILATION.—Winslow, C.-E. A. Common sense in factory ventilation. (Nation's Health, June, 1922. pp. 359-361.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	April 29	May 6	May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22
Total deaths	1508	1508	1475	1415	1384	1824	1284	1955	1044	1079	1091	1094	1055
Annual Death Rate	18 43	18.47	18.18	12.64	12.37	11.83	11.47	11 21	9.33	9 64	9 75	9 77	9.43
*Acute Infectious Diseases	102	112	77	113	86	75	78	74	89	84	44	24	22
Pul. Tuberculosis..	102	105	99	89	109	104	111	112	101	97	77	89	85
Influenza	11	7	8	5	8	2	2	2	4	..	2	2	2
Lobar Pneumonia..	82	101	95	100	96	62	47	56	25	28	28	21	20
Broncho Pneum. ..	82	114	104	97	70	64	72	44	41	38	34	38	32
**Violent Deaths ...	64	82	81	64	78	82	67	120	75	82	89	94	86
Deaths under 1 year.	206	197	207	198	162	177	179	164	124	130	166	158	143
Rates per 1,000 births	81.4	78.0	82.0	78.5	64.2	70.1	70.9	65.0	49.1	51.5	65.7	62.7	56.7
Deaths under 5 years	362	382	367	382	293	305	298	276	210	199	226	224	197
" 5-65 years ...	822	806	787	743	799	725	698	735	680	687	629	682	622
" 65 years and over	319	330	321	290	292	294	293	244	204	243	226	228	235

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	211	260	340	379	402	229	288	298	209	263	190	274	231
Diphtheria	289	320	287	300	303	244	246	210	167	212	166	140	132
Measles	2128	2214	2521	2251	2325	1399	1268	872	595	412	313	237	182
Scarlet Fever	328	359	331	353	296	218	159	89	104	88	55	43	51
Chickenpox	221	118	179	142	170	156	145	154	77	43	44	28	32
Influenza	29	25	29	19	23	9	13	5	9	6	1	7	3
Pneumonias	372	328	454	399	340	256	222	177	165	151	86	107	89
Typhoid Fever	8	5	12	11	6	10	7	9	13	18	15	18	23
Whooping Cough ...	94	93	129	110	90	85	93	106	100	111	75	67	98
Syphilis	307	3 7	224	254	321	206	225	206	294	211	162	227	169
Gonorrhoea	86	133	88	97	144	110	114	113	125	72	101	166	118
Polio... ...	2	1	1	1	4	1	..	1	1	..	2	1	1
C ...tis	6	6	5	5	6	4	7	1	1	3	1	2	5
..	4081	4174	4600	4321	4430	2927	2787	2241	1860	1590	1211	1312	1134

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, July 22, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	436	488	467	1067	406	60	9 99	11 21	10.73
The Bronx	732,016	809,536	108	100	101	320	61	5	7 24	6 44	6.51
Brooklyn	2,018,356	2,117,227	325	349	376	1002	255	28	8.16	8 60	9.27
Queens	469,042	516,683	80	79	79	179	80	14	8 39	7 98	7.98
Richmond	116,531	124,400	35	39	32	57	9	1	15 06	16 96	13.42
Total	5,620,048	5,839,738	984	1055	1055	2625	761	113	8 98	9.43	

*Corrected by redistributing deaths according to borough of residence.

During the first twenty-nine weeks of this year there were 43,133 deaths, a rate of 13.29 per 1,000 population. During the corresponding weeks of last year there were 37,981 deaths, a rate of 11.88 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	8	27	2	1	..	11	15	28	24	6	..	42	63	93	307	88
The Bronx	2	21	..	1	..	1	3	..	..	1	..	8	8	12	62	26
Brooklyn	5	15	2	..	1	7	10	33	33	7	2	24	57	73	190	86
Queens	..	11	..	..	..	1	4	3	3	1	1	7	10	14	42	23
Richmond	..	11	..	..	..	..	..	1	1	..	..	2	5	5	22	12
Total	15	85	4	2	1	20	32	65	61	15	3	83	143	197	623	235

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	66	58 6	21	20.1	10	12	84	20.5	23	5.6	8	1.9
The Bronx	10	34 5	..	..	..	..	16	10.2	..	..	2	1 3
Brooklyn	61	64 5	31	32.8	6	24	77	18 2	34	8.0	3	.7
Queens	11	59.3	1	5.4	..	1	15	14.5	3	2 9	..	..
Richmond	5	89 9	1	18 0	..	1	5	21.9	1	4.4	..	..
City of New York.	143	56.7	54	21.4	16	38	197	17.6	61	5.5	13	1 2

During the first twenty-nine weeks of this year 5,982 infants died, a rate of 82. per 1,000 births. During the corresponding weeks of last year 5,451 died, a rate of 74. per 1,000 births.

Infectious Diseases in the Department ofHealth Hospitals

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Hospital Queensboro: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-15-22.	53	81	28	22	30	57	11	12	5	1	..	1	..	..	..	77	..	575	89	1042
Admitted	5	19	7	10	..	11	3	11	3	5	..	1	..	..	..	14	..	13	3	104
Discharged ..	16	17	6	10	3	10	6	3	3	1	..	..	..	..	..	3	..	15	1	94
Died	..	2	3	..	..	4	..	1	..	..	..	1	..	..	..	..	..	1	2	14
Rem'g 7-22-'22.	42	81	26	22	27	54	8	19	4	5	..	1	..	..	..	88	..	572	89	1038
Total treated	58	100	35	32	30	68	14	23	7	6	..	2	..	..	..	91	..	588	92	1146

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
*All causes	1055	984	591	464	148	81	28	197	48	68	217	286	235
1. Typhoid Fever	3	4	3	..	..	..	..	..		1	2	..	..
2. Malarial Fever	..	1	..	..	..	..	..	..			..	..	..
5. Measles	4	..	2	2	1	1	2	4	..	..	..	..	..
6. Scarlet Fever	1	1	..	1	..	..	1	1		..	..	..	..
7. Whooping Cough	3	12	2	1	3			3				..	..
8. Diphtheria	7	9	6	1	..	2	3	5	1	1	..	..	..
9. Influenza	2	3	2	..	..	..	..	..	..	..	2	..	..
Poliomyelitis	..	3	..	..	..	..	..	..	..		..	..	..
12. Other Epidemic Diseases	2	5	1	1	1	..	..	1	.		..	1	..
13. Pulmonary Tuberculosis	85	94	51	34	..		1	1	2	18	40	19	5
14. Tbc. Meningitis	3	10	4	4	..	1	2	3	1	2	2	..	..
15. Other forms Tbc.	7	8	2	5	1	2	..	3	..	3	1	..	..
16. Cancer, Malignant Tumor	107	88	48	59	..	..	..	..	..	1	17	60	29
17. Simple Meningitis	3	3	6	2	2	1	..	3	1	..	4	..	..
17a. Cerebro-spinal Meningitis	4	3	2	2	..	1	..	1	1	..	1	1	..
18. Apoplexy, Softening of the Brain	14	17	6	8			..	..	..	..	1	6	7
19. Organic Heart Diseases	177	175	96	81	..	1	1	2	6	3	21	62	83
20. Acute Bronchitis	1	4	1			..	..	..		..	..	1	..
21. Chronic Bronchitis	1	1	1			..	..	..	..		..	1	..
22. Lobar Pneumonia	20	12	14	6	1	2	..	3	1	1	7	6	2
22a. Broncho Pneumonia	32	25	14	8	13	10	1	24	1	..	..	2	5
23. Other Respiratory Diseases	13	3	12	1	..	1	..	1	1	2	1	6	2
24. Diseases of the Stomach (Cancer excepted)	9	1	3	1	..	..	..	..		1	3	5	..
25. Diarrhoeal Diseases (under 5 years)	61	78	37	24	54	5	2	61	..	..	..		..
26. Appendicitis and Typhilitis	21	13	11	10			2	2	4	2	7	6	..
27. Hernia, Intestinal Obstruction	11	9	5	6	1	..	..	1	..	1	3	3	3
28. Cirrhosis of Liver	10	4	3	2	..	..	..	..	..	..	2	4	4
29. Bright's Disease and Nephritis	79	55	40	39	..	..	..	..		1	19	25	33
30. Diseases of Women (not Cancer)	7	5	..	7		..	..	..	..	..	5	2	..
31. Puerperal Septicaemia	5	1	.	5	.	..	..	..	..	1	4	..	..
32. Other Puerperal Diseases	3	11	..	3	.	.	..	..	..	1	1	.	
33. Congenital Debility, and Malformations	47	72	31	16	47	..	..	47	..	..	..		..
34. Old Age	6	1	2	4				..	..	..			6
35. Violent Deaths	36	79	68	18	3	1	6	10	20	14	22	17	2
a. Sunstroke	5	1	4	1	1	..	..	1	..	..	3	..	1
b. Other Accidents	78	78	62	16	2	1	6	9	19	13	20	16	1
c. Homicide	3	5	2	1	..	..	..	..	1	1	..	1	
36. Suicide	15	12	11	4	..	..	..	..			9	3	3
*37. All other causes	191	155	97	94	16	3	2	21	9	10	36	64	51
38. Ill-defined causes	..	2	..	..	..	..	..	..	..	..	..	..	..

Deaths in Institutions,	518	Mean temperature,	75.7 deg. Fahr.
Mean barometer,	29.87	Minimum temperature,	62.0 deg. Fahr.
Mean humidity,	71.6	Maximum temperature,	91.0 deg. Fahr.
Precipitation,	1.49		

†If the deaths under one month, numbering 54 from all causes, be deducted from the total deaths under one year, the resulting rate will be 35 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 4, Diabetes 25, Alcoholism 4, Locomotor Ataxia 4, Paresis 7, Arterio-sclerosis 33, all other congenital causes 10.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. AUGUST 5, 1922. No. 31.

SCHICK TEST AND TOXIN-ANTITOXIN ADMINISTRATION.

The Health Department wishes to again bring to the attention of the physicians of the City the work now being done in the Baby Health Stations for the immunization of the children of pre-school age. It hopes physicians will in every way encourage parents who ask their advice to either bring their children to them or to the Baby Health Stations for such immunization.

The Weekly Bulletin of July 1st published the dates on which the inspectors detailed to the work will give the protective injections. If physicians have the time to attend one of these stations and see the Schick test performed and read, they will be welcome. It is suggested that they call up the Department Laboratories, Stuyvesant 1600, and ask where the most desirable clinic in their neighborhood is. Physicians living in the Boroughs of Brooklyn, Queens, and Richmond, who telephone, should ask for the office of Dr. M. C. Schroder; and those in Manhattan and The Bronx, the office of Dr. Abraham Zingher, these two physicians having charge, respectively, of these different boroughs. A large number of children are being immunized right along but there is room for many more.

It is interesting to note that the number of cases of diphtheria reported this year has been much less than in any like period, previously.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the fifth installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

Varicella.

Synonyms: Chickenpox, Crystalli.

Q. What is the source of infection?

A. The infectious agent is presumably present in the lesions of the skin and of the mucous membrane, the latter appearing early and rupturing as soon as they appear, render the disease communicable early, that is before the exanthem is in evidence.

Digitized by Google

Q. What is the mode of transmission?

A. Directly from person to person; indirectly through articles freshly soiled by discharges from an infected individual. Transmission, by inoculation, if possible, is so rare as to be negligible in importance.

Q. What is the period of incubation?

A. Two to three weeks. Shorter periods are claimed, but experience shows the above limits to be practically without exceptions.

Q. When is the disease communicable?

A. From the appearance of the first mucous membrane lesions until all primary scabs have disappeared.

Q. Has varicella a prodromal period?

A. Usually absent in children. Usually present in adults; identical in symptoms with the prodromal period of smallpox (headache or backache or both with fever), but never longer than 48 hours.

Q. On what must the diagnosis be based?

A. On the exanthem. Enanthem, and fever may or may not be present. In either case, they are wholly indeterminate.

Q. Describe the appearance of the exanthem?

A. First there are little rounded red spots on the skin which rapidly show a clear exudate and become vesicles. Many of the vesicles rupture within a few hours. The unruptured lesions begin to shrink and dry up within a day or two from their first appearance.

Q. What may be said of the distribution and progress of the exanthem?

A. Distribution is general and centripetal rather than centrifugal. That is, lesions are closest set on the trunk, becoming further and further apart, distally, on the extremities; present on hands and feet, possibly on palms and soles, but fewer in proportion to the number of lesions on trunk and face than in smallpox. The scalp is quite freely invaded in chickenpox. Mild variola sometimes misses the scalp. The profusion of chickenpox lesions on the scalp varies directly with the profusion of hair. The profusion of smallpox lesions varies inversely. Again chickenpox lesions, on a given small area of skin, appear on successive days, so that scabs, vesicles, and macules may be seen side by side; they attain full development in a day or two (some of them in a few hours); they usually begin to rupture, in large numbers, almost from the start, due to mere pressure of clothing or to any slight incidental violence, wetting the skin when ruptured. They begin to desiccate, when unbroken as soon as fully developed. The broken down lesions frequently become infected, and a dark and somewhat depressed scab in the centre is a very common result. When the unruptured lesions begin to desiccate, as vesicles, the initial stage of this retrograde process may easily be mistaken for the progressive umbilication of variola. The two conditions, however, are not identical to the eye, and are readily distinguishable by the finger.

Q. Do cases of chickenpox sometimes present difficulties in diagnosis?

A. Yes, the lesions may be so numerous that the distribution is indeterminate—there being no vacant space for more lesions anywhere. The eruption is deep-seated and few or no lesions rupture. The majority of the lesions may go on to pustulation. These peculiarities are found more frequently in colored subjects, with whom, also, the watery nature of the exudate is not so easily made out. Chickenpox in adults, furthermore, may give a severe prodromal period—fever, headache and backache. The duration, however is one to two days, not three to four [illegible] variola. In these difficult cases, the decision must be based on the preponderance of the evidence, for all of the above difficulties will scarcely be combined in any one case. As a final test, it is safe to decide that any eruption

Digitized by Google

the majority of the lesions of which are still in the progressive stage (neither ruptured nor desiccating) on the fifth day, is not the eruption of varicella.

Rarely chickenpox is hemhorragic throughout and malignant, resulting in death.

NOTE: The writer has seen, recently, for the first time in his experience, a case of chickenpox that showed an exact and complete reversal, from what is usual, in distribution of lesions.

Lesions were closest set on face—so close that there was confluence. Lesions were closer set below elbows and knees than above. Hands and feet—including palms and soles—were freely invaded. Here we have a perfect centrifugal or smallpox distribution and, with the distribution, all resemblance to smallpox ended.

There were no prodromal symptoms. The fever came on with the eruption and continued with it (up to 104 F.). Lesions were fully developed vesicles within twenty-four hours. These vesicles were filled with a crystal-clear fluid which drained readily and completing through a pin-prick, leaving the epidermal covering flaccid and empty. There were no umbilications, many vesicles ruptured within twenty-four hours from their first appearance. There was one contradiction in the distribution. The patient had a luxuriant head of hair, yet the scalp was freely invaded—a chickenpox characteristic.

CASE OF ANTHRAX IN KINGSTON AVENUE HOSPITAL.

Mr. I. G., 18 years old, of Christopher Avenue, Brooklyn, entered the Kingston Avenue Hospital, on the 11 of June, three days sick.

The patient bought a shaving brush on Sutter Avenue, a few days before. He used this brush once, and a day or two afterwards noticed a pimple on the right side of his neck. This pimple became larger, acquired a dark and depressed center, surrounded with considerable edema. Anthrax bacilli were found in scrapings from the lesion.

Patient received liberal dosage of anti-anthrax serum, locally, about the lesion, intravenously, and intramuscularly. He made a complete recovery.

In anthrax, as in tetanus, large and frequent doses of the specific serum, undoubtedly, achieve the best results. Of course, the earlier it is given, the better.

PROFESSIONAL STRAIN AS INFLUENCING SUICIDE.

Among the professions in the United States, physicians head the list of suicides for the year 1921. The following are the figures:

Doctors	86
Judges	57
Bank Presidents	37
Clergymen	21
Editors	10
Mayors	7
Members of Legislature	7

This record seems to indicate that the occupational strain is greater in medicine than in other professions. Should not our scheme of medical practice, as relates to hours and relief, be revised and, if so, how should this be accomplished?

TUBERCULOSIS DEATH RATE FALLING FASTER THAN THE GENERAL DEATH RATE.

A recent report of the United States Public Health Service furnishes interesting figures of the death rate, from various causes, prevailing in 1910 and 1920 in the United States registration area.

Digitized by Google

In 1910, the general death rate from all causes was 14.9 among each 1,000 inhabitants of the country, whereas in 1920 it was reduced to 13.1—a decrease of 13%.

In the same years, the tuberculosis death rate from all forms of the disease, for the entire country, was 160 in 1910 and 114 in 1920, for each 100,000 inhabitants. These mortality figures indicate a decrease of 29%. Tuberculosis has, therefore, been reduced more than twice as fast as the general death rate, during the ten years under study.

In New York City, where very intensive anti-tuberculosis and general health work has been developed, the tuberculosis death rate fell between 1910 and 1920 at a still greater rate—namely, by 40%; while the general death rate was reduced by 19%.

The United States Public Health report furnishes the specific rates in certain groups of the population, thus enabling us to see where the greatest tuberculosis reduction has been obtained. The more striking facts outstanding in the accompanying table, which compares the death rate for certain age groups in 1910 with those for 1920, are:

First, that the highest tuberculosis death rate in any age group occurred among infants in 1910, but this no longer prevailed in 1920, the crest instead being reached in that year between the ages of 15 and 44 years. Without doubt, increasing segregation of consumptives in institutions, and the larger number of hospitals and sanatoria throughout the country, have contributed greatly to the desirable removal of foci of infection from the home and neighborhood of children. The largest reduction in any one age group took place, therefore, among children under one year of age—namely, a fall of 46%; while the general tuberculosis death rate for all ages was lessened by 29%.

Second, that the greatest decline next to that among infants occurred among children between one and fourteen years of age, where the reduction in the past ten years amounted to 37%.

It has been claimed by anti-tuberculosis workers that the greatest gain from the present health work should be seen in the coming generation. The facts available just now for children in the entire registration area conspicuously bear out this hope and supposition.

In the adult period of life, which has generally had the highest tuberculosis mortality—namely, between the ages of 15 and 44—the reduction during the past ten years was only 26%, and therefore was slightly under the average. It is interesting to note in conjunction with the tuberculosis experience of this age group, between 1910 and 1920, that it does not seem to bear out the explanation offered by some that the influenza epidemic of 1918 and 1919 has been responsible for the present lower death rates from tuberculosis. It will be recalled that the influenza and pneumonia toll of 1918-1919 was taken mostly among adults. And yet the tuberculosis figures now available show that it was in this very adult group, where the influenza epidemic prevailed most, that the smallest reduction in tuberculosis took place. If anything, it is far more probable—and in fact it was so reported from a number of sanatoria—that influenza had started up a great many new cases of tuberculosis.

The greatest reduction of tuberculosis mortality has therefore been secured among children. Hence it is manifest that the great gain made against this disease must, in large measure, be due to the specific anti-tuberculosis work of the past decade, especially that which was directed toward the protection and strengthening of childhood.

In 1920, as in 1910, the tuberculosis death rate of those between 45 and 74 years of age was fully as high as that prevailing among adults between 15 and 44. The general popular impression that tuberculosis concentrates mostly against those in early middle life ignores the unequal distribution in the general population, of various age groups, and also the fact that there are naturally fewer people in the older groups. While, of course, more deaths occur among adults between 15 and 44 than

Digitized by Google

among people beyond those ages, it is also to be noted that, relative to the number living, tuberculosis is equally as fatal and prevalent, in this country, among older people as among younger adults. It is clear, therefore, that work for the care of the sick and for the prevention of tuberculosis must be kept up steadily throughout adult life.

Finally, with the fall in tuberculosis mortality continuing as it has since 1920, it can be concluded that it is only a question of time, if we keep on supporting and maintaining the present modes of attack against tuberculosis, when it will be relegated to a minor place instead of being at the head of the list as one of the most important causes of death.—(*Bulletin, N. Y. Tuberculosis Assn.*)

Tuberculosis Mortality in the United States

(Registration Area) in 1910 and in 1920.
Death Rates, and Reduction, by Age Groups.

AGE GROUPS	NUMBER OF DEATHS (all forms Tbc.)		DEATH RATE per 100,000		REDUCTION in Death Rate
	1910	1920	1910	1920	
Under 1 year	2,416	2,012	205	111	46%
1 to 14 years	6,774	7,307	47	29	37%
15 to 44 years	55,132	63,345	204	152	26%
45 to 74 years	20,662	25,325	200	144	28%
75 years and over	1,325	1,927	191	152	16%
All ages	86,309	99,916	160	114	29%

POPULATION U. S. Registration Area..	1910:	53,843,896;	1920:	87,486,713
DEATHS from all causes	1910:	805,412;	1920:	1,142,558
General DEATH RATE per 100,000	1910:	1,496;	1920:	1,306

MORTALITY BULLETIN FOR THE WEEK ENDING JULY 29, 1922.

During the week just closed there were 978 deaths and a rate of 8.74 as compared with 1,225 deaths and a rate of 11.12 during the corresponding week of 1921, a decrease of 247 in the absolute number of deaths and 2.38 in the rate which is equivalent (taking into consideration the increase in population) to a decrease of 266 deaths.

During the past week there were 5 deaths reported from measles as compared with 4; 2 deaths from scarlet fever as compared with 1; 12 deaths from diphtheria and croup, as compared with 5, and 7 deaths from whooping cough, as compared with 22. The contagious deaths show a decrease of 6 from the corresponding week of 1921

There were 114 deaths from cancer as compared with 121; 168 deaths from heart diseases as compared with 224, and 64 deaths from Bright's disease, as compared with 79. There was a decrease of 1 death from the pneumonias, the figures being 52 and 53, respectively, and 83 deaths from pulmonary tuberculosis, as compared with 93. There were only 60 deaths reported from diarrhoeal diseases, as compared with 125, a decrease of 65 deaths.

There were 167 deaths under one year of age, as compared with 247, a decrease of 80 deaths. At the ages five to sixty-five there were 555 deaths, as compared with 653. The mortality at sixty-five years of age and over numbered 189, as compared with 249.

From January 1 to date 81 infants under one year of age died out of every 1,000 born, as compared with 75 deaths at the same age for the corresponding period of last year.

The death rate for the first thirty weeks of this year was 13.13, as compared with 11.85 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BIRTH-RATE.—Shaw, E. R. The ratio of male to female births as affected by wars. (Am. Stat. Assn. Jour., June, 1922. pp. 250-255, tables.)

DIPHTHERIA.—Zingher, A. Results of active immunization with diphtheria toxin-antitoxin in the public schools of New York City. (A. M. A. Jour., June 24, 1922. pp. 1945-1952, tables.)

DYES.—Dyestuffs and disease. (Nation's Health, June, 1922. pp. 349-350.)

HOUSEHOLD PESTS.—Illinois University. The control of household insects by W. P. Flint. Apr., 1922. 24 p. (Cir. No. 257.) VF

OCCUPATIONS, DISEASES AND HYGIENE.—U. S. Mines, Bur. of. Compressed-air illness and its engineering importance with a report of cases at the East River Tunnels, by E. Levy. 1922. 48 p. (Tech. paper 285.) VF

ORGANOTHERAPY.—Harrower, H. R. Practical organotherapy. The internal secretions in general practice. Harrower Laboratory. 3rd ed. 1922. 416 p. 615.36[illegible]

PSYCHOTHERAPY.—Jackson, J. A., and E. M. Salisbury. Outwitting our nerves; a primer of psychotherapy. 1922. 403 p. 615.851[illegible]

TETANUS.—Stone, W. J. The treatment of tetanus. (A. M. A. Jour., June 24, 1922. pp. 1939-1944, tables.)

TUBERCULOSIS.—Legge, R. T. Tuberculosis as an occupational disease. (Nation's Health, June, 1922. pp. 363-364

VITAMINS.—McCollum, E. V., and Nina Simmonds. The potency of commercial vitamin preparations. (A. M. A. Jour., June 24, 1922. pp. 1953-1957, charts.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 6	May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29
Total deaths	1508	1475	1415	1384	1324	1284	1256	1044	1079	1091	1094	1056	979
Annual Death Rate	13 47	13.18	12.64	12.37	11.83	11.47	11 21	9.33	9.64	9 75	9.77	9.43	8.74
*Acute Infectious Diseases	112	77	113	86	75	78	74	89	64	44	34	22	29
Pul. Tuberculosis..	105	99	89	109	104	111	112	101	97	77	89	86	88
Influenza	7	8	5	8	2	2	2	4	..	2	2	2	3
Lobar Pneumonia..	101	95	100	96	62	47	56	25	28	28	21	20	25
Broncho Pneum. ..	114	104	97	70	64	72	44	41	38	34	38	32	27
**Violent Deaths ...	82	81	64	78	82	67	120	75	82	89	94	86	75
Deaths under 1 year.	197	207	198	162	177	179	164	124	130	166	158	143	167
Rates per 1,000 births	78 0	82.0	78.5	64.2	70.1	70.9	65.0	49.1	51 5	65.7	62.7	56.7	66 1
Deaths under 5 years	382	367	382	293	305	298	276	210	199	236	224	197	204
" 5-65 years ...	806	787	743	799	725	698	735	630	687	629	682	623	555
" 65 years and over	320	321	290	292	294	293	244	204	243	226	238	236	189

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	260	340	379	402	229	288	298	209	263	190	274	231	160
Diphtheria	320	287	300	303	244	246	210	167	212	166	140	132	134
Measles	2214	2521	2251	2325	1399	1268	872	595	412	313	237	182	107
Scarlet Fever	359	331	353	296	218	159	89	104	88	55	43	51	33
Chickenpox	118	179	142	170	156	145	154	77	43	44	23	32	16
Influenza	25	29	19	23	9	13	5	9	6	1	7	3	7
Pneumonias	328	454	399	340	256	222	177	165	151	86	107	89	93
Typhoid Fever	5	12	11	6	10	7	9	13	18	15	18	23	20
Whooping Cough ...	93	129	110	90	85	93	106	100	111	75	67	98	120
Syphilis	3 7	224	254	321	206	225	206	294	211	162	227	169	223
Gonorrhoea	133	88	97	144	110	114	113	125	72	101	166	118	150
Poliomyelitis	1	1	1	4	1	..	1	1	..	2	1	1	5
Cerebro-spinal Meningitis	6	5	5	6	4	7	1	1	3	1	2	5	3
Total	4174	4600	4321	4430	2927	2787	2241	1860	1590	1211	1312	1134	1120

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, July 29, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
anhattan	2,284,103	2,271,892	582	445	442	1158	220	38	13 34	10 22	10.15
ie Bronx	732,016	809,536	128	118	95	258	39	13	8 58	7 60	6 12
rooklyn	2,018,356	2,117,227	397	314	331	1029	214	35	9.97	7 74	8.16
ueens	469,042	516,688	93	80	93	210	148	10	9.75	8 08	9.39
ichmond	116,581	124,400	25	21	17	65	16	1	10 76	8 81	7.13
Total	5,620,048	5,839,788	1225	978	978	2720	637	97	11 12	8.74	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty weeks of this year there were 44,111 deaths, a rate of 13.13 per 1,000 population. During the corresponding weeks of last year there were 39,206 deaths, a rate of 11.85 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	35	..	2	..	18	17	28	25	11	4	28	80	110	256	79
The Bronx	3	20	1	1	..	..	2	2	2	2	..	10	6	18	82	23
Brooklyn	9	13	1	..	..	11	5	23	22	4	5	23	61	81	166	67
Queens	2	10	..	..	..	1	2	4	4	5	..	10	14	21	44	15
Richmond	.	5	..	..	..	..	1	3	3	..	.	.	6	9	7	5
Total	26	83	2	3	..	25	27	60	56	22	9	66	167	234	555	189

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Rate per 1,000 Births	In Institutions	Other Places	Under 5 Years of Age: All Causes	Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	76	72 7	17	16 2	8	10	105	25 6	23	5.6	10	2 4
The Bronx	6	20 7	1	3 5	..	1	13	8.8	2	1.3	1	0 6
Brooklyn	60	68 3	17	17.9	4	13	80	18 9	23	5 4	7	1.6
Queens	21	112 5	5	26 8	.	4	29	28.0	5	4 8	3	2.9
Richmond	4	71 5	1	17.9	1	..	7	30.6	3	13.1	..	. .
City of New York.	167	66 1	41	16.2	13	28	234	20 9	56	5.0	21	1 9

During the first thirty weeks of this year 6,149 infants died, a rate of 81. per 1,000 births. During the corresponding weeks of last year 5,698 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department ofHealth Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Hospital Queensboro: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-22-'22.	42	81	26	22	27	54	8	19	4	5	..	1	..	..	..	88	.	572	89	1038
Admitted	7	14	3	9	1	11	4	3	1	3	..	2	..	..	..	29		20	..	107
Discharged ..	12	23	9	13	8	9	1	3	2	2	..	..	..	..	..	9		17	..	108
Died	..	2	2	1	..	2	..	..	..	1	..	..	..	..	..	1	..	..	1	10
Rem'g 7-29-'22.	37	70	18	17	20	54	11	19	3	5	..	3	..	..	..	107	..	575	88	1027
Total treated	49	95	29	31	28	65	12	22	5	8	..	3	..	..	..	117		592	89	1145

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	978	1225	522	456	167	34	33	234	49	59	168	279	189
1. Typhoid Fever	1	5	..	1	..	..	..	..		..	1	..	
2. Typhus Fever	..	1	..	..	..	..	..				..		
5. Measles	5	4	1	4	3	..	2	5	..	..	..	..	
6. Scarlet Fever	2	1	1	1	..	..	1	1	1	..	..	.	..
7. Whooping Cough	7	22	3	4	5		2	7				..	..
8. Diphtheria	12	5	5	7	1	3	4	8	3	..	1	..	
9. Influenza	3	1	3	..	..	..		..	1	..	1	1	
Poliomyelitis	3	1	2	1	..	..	1	1	2		..	..	..
12. Other Epidemic Diseases	3	..	1	2	1	..	1	2			1		.
13. Pulmonary Tuberculosis	93	93	42	41	1	1		2	4	18	40	17	2
14. Tbc. Meningitis	5	11	1	4	1	1	1	3	1	1	..	..	.
15. Other forms Tbc.	6	9	4	2	1	1	1	3	..	..	3	..	.
16. Cancer, Malignant Tumor	114	121	52	62	..	..	..	..	1	1	15	61	36
17. Simple Meningitis	4	6	3	1	2	..	..	2	..	..	1	1	..
17a. Cerebro-spinal Meningitis	2	5	2	..	..	..	..	..	1	1	..	..	..
18. Apoplexy, Softening of the Brain	7	12	4	3	..		..	..	..	..	..	4	3
19. Organic Heart Diseases	155	212	72	83	1	..	1	2	5	8	10	71	58
20. Acute Bronchitis	..	3				..	..	..		..	..	..	..
21. Chronic Bronchitis	..		..	..				..	..		..	..	..
22. Lobar Pneumonia	25	16	15	10	2	5	2	9	2	1	3	5	..
22a. Broncho Pneumonia	27	37	15	12	9	6	..	15	2	..	3	3	.
23. Other Respiratory Diseases	4	11	1	3	1	..	..	1	..	..	2	1	..
24. Diseases of the Stomach (Cancer excepted)	8	10	5	3	2	1	..	3		..	..	4	1
25. Diarrhoeal Diseases (under 5 years)	56	124	36	20	41	11	4	56	..	..	..		
26. Appendicitis and Typhilitis	20	31	10	10		..	1	1	3	3	5	7	1
27. Hernia, Intestinal Obstruction	10	13	3	7	1	..	1	2	1	..	3	3	1
28. Cirrhosis of Liver	4	10	3	1	..	..	..	..	.	..	1	1	2
29. Bright's Disease and Nephritis	64	79	29	35	..	..	1	1		1	7	16	29
30. Diseases of Women (not Cancer)	7	9	..	7		..	..	..	..	1	4	2	..
31. Puerperal Septicaemia	1	4		1		..	..	..		..	1	..	
32. Other Puerperal Diseases	10	14		10		..	..		..	2	8		
33. Congenital Debility, and Malformations	81	78	49	32	78	3	..	81					
34. Old Age	..	3	..	..				..	..				
35. Violent Deaths	75	79	60	15	5	1	6	12	15	11	20	10	7
a. Sunstroke	1	5	1	..	..		..	..	.		1	..	.
b. Other Accidents	65	66	52	13	3	1	6	10	14	9	16	10	6
c. Homicide	9	8	7	2	2	..	..	2	1	2	3	..	1
36. Suicide	22	13	17	5	..	..	..	..	.	1	7	11	3
*37. All other causes	151	186	83	68	12	1	3	16	7	10	26	51	41
38. Ill-defined causes	1	1	..	1	..	..	1	1	.	..	..		

Deaths in Institutions,	463	Mean temperature,	72.7 deg. Fahr.
Mean barometer,	29.84	Minimum temperature,	62.0 deg. Fahr.
Mean humidity,	76.7	Maximum temperature,	86.0 deg. Fahr.
Precipitation,	.93		

†If the deaths under one month, numbering 66 from all causes, be deducted from the total deaths under one year, the resulting rate will be 40 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 4, Diabetes 24, Alcoholism 2, Locomotor Ataxia 0, Paresis 5, Arterio-sclerosis 31, all other congenital causes 10.

Digitized by Google

WY
N57

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. AUGUST 12, 1922. No. 32.

WHERE OUTFITS FOR SCHICK TESTS AND TOXIN-ANTITOXIN CAN BE OBTAINED.

Borough Offices.

Manhattan	505 Pearl Street
Brooklyn	Flatbush Avenue and Willoughby Street
Bronx	3731 Third Avenue
Queens	440 Fulton Street, Jamaica
Richmond	514 Bay Street, Stapleton, S. I.

AT CONSIGNMENT STATIONS.

Borough of Manhattan.

S. Albert	112 Lenox Avenue
C. O. Bigelow	106 Sixth Avenue
A. N. Gilbert	527 Grand Street
Kalish Pharmacy	15 East 59th Street
Fred Trau	2128 Third Avenue
Tufts, the Chemist	1359 St. Nicholas Avenue
W. H. Spangenberg	460 Columbus Avenue
C. A. Hendrickson	1800 Amsterdam Avenue
A. Dorb	3181 Broadway
A. P. Kerley	2519 Broadway
Pugliese	2146 Second Avenue
H. Walters	213 Second Avenue
Bass & Co.	243 Broome Street
Oberdorfer	2411 Eighth Avenue
Zenckgrof	1148 Third Avenue

Borough of Brooklyn.

Heydenreich Brothers	167 Atlantic Avenue
J. M. Packchar	1667 Pitkin Avenue
Pfister & Sitterley	1293 Fulton Street
R. Quassman	3343 Fulton Street
Reid & Yeoman	1084 Flatbush Avenue
J. J. Scheidt	950 Broadway

Digitized by Google

Wilson Pharmacy. ..... 242 Flatbush Avenue
Edward Wolff ..... 6902 Third Avenue
S. Saletan ..... 313 Bedford Avenue
A. Diehl ..... 644 Bedford Avenue

Borough of The Bronx.

H. B. Cherey ..... 315 Alexander Avenue
J. W. Fincke ..... 3461 White Plains Avenue
Charles Kervan ..... 1020 Westchester Avenue
E. F. Miller ..... 446 East Tremont Avenue
J. H. Jones ..... 350 East Fordham Road
Zagat ..... 850 East 156th Street

Borough of Queens.

Johnston Drug Co. ..... Justice Street, Elmhurst, L. I.
John Hepburn ..... 103 Main Street, Flushing, L. I.
Rosenberger & Rosenblum ..... 1003 Central Avenue, Far Rockaway
William Klein ..... 66-02 Boulevard, Arverne, Queens

Borough of Richmond.

F. W. Kerr ..... 1916 Richmond Terrace, Pt. Rich.
E. Benson ..... 514 Richmond Terrace, New Brighton

If so desired, material will be mailed from the Bureau of Laboratories, foot of East 16th Street, Manhattan. if request is made to Distribution Clerk, by mail or telephone. Telephone, Stuyvesant 1600—Ext. 103.

VACCINATION IN THE PHILIPPINES.

The following correspondence, quoted from a recent issue of Boston Medical and Surgical Journal. is of interest in connection with the effectiveness of vaccination in the prevention of smallpox, and as a refutation of attacks sometimes made upon the procedure:

A Letter from Major General Leonard Wood, M. D.

Manila, May 9, 1922.

Mr. Editor:

Your letter of March 21st received on April 26th.

I am inclosing copies of two letters which I think will prove interesting to the readers of the Boston Medical and Surgical Journal and hope that both the letter and its answer may be given wide publicity, as it will, perhaps, tend to check the unthinking and dangerous attacks which are made upon vaccination from time to time.

Wherever vaccination has been carried out carefully in the Philippine Islands smallpox has practically disappeared. Wherever it has been neglected or insufficiently done, we have had frightful loss of life. The people, who are familiar with the situation, are keenly appreciative of the benefits of vaccination.

The general health situation is complex and difficult. The Philippines are greatly in need of doctors, nurses, and well-trained sanitary inspectors. Efforts are being made to encourage the study of medicine and surgery and to greatly increase the number of nurses and sanitary inspectors. With approximately 11 million people, we have less than 11 hundred trained nurses, about 12 hundred physicians and surgeons, and altogether too few well-trained sanitary inspectors. We need at least three times the number of nurses we now have and a very great increase in the number of well-educated medical men. Arrangements are being made for a brief intensive course of training for sanitary inspectors.

Digitized by Google

A medical survey of the islands is being made under the direction of the Rockefeller Foundation, and steps are being taken to give widespread instruction to the people in food values and to correct the tendency to use too much polished rice, to which is traceable directly fifty per cent. of the heavy annual infant death rate from infantile beriberi. The present infantile death rate is very heavy; about one-third of all children born die in the first year.

We are also reorganizing the great leper colony at Culion of over 5,000 lepers, so that better and more extensive treatment of the lepers may be possible, and the results made available for the medical profession everywhere.

There is a growing interest among the people, in sanitary matters, and no efforts are being spared to build up an appreciation of the value of preventive medicine and sanitation.

There is an excellent field for the medical missionary and the small well-equipped and maintained hospital in the Philippines. The hospitals which have been established by the various churches and missionary organizations are all much appreciated, and are doing good work and have been of great value in supplementing the vigorous efforts of the government. They meet, however, only in part the demand of the situation. Arrangements for the better care and treatment of the insane are also under consideration. The institutions at present in use are largely lacking in the facilities of proper treatment. Much was done while Wm. Cameron Forbes was Governor-General to improve the water supply through the provision of many artesian wells, but an adequate supply of pure water is still one of the great problems.

The Filipinos are naturally a healthy people and their houses so built that they have ample ventilation, but there is, nevertheless, a good deal of tuberculosis. We have also a difficult problem to deal with in controlling malaria.

I have but indicated some of the medical and sanitary problems, but I am sure I have said enough to indicate that there is plenty to do for the dietitian, the sanitarian and the medical profession generally.

Very sincerely yours,

LEONARD WOOD.

THE AMERICAN HUMANE ASSOCIATION.

Albany, N. Y., March 22, 1922.

Major-General Leonard Wood,
Governor-General, Philippine Islands,
Manila, P. I.

Dear General Wood:

Sometime since I wrote to you in regard to the matter of feeding live animals to the snakes in the Manila Zoo, and recently someone sent me a newspaper clipping, stating that you had forbidden the practice as far as it affected dogs. You promised an additional note of information but it was not received in our office. Doubtless you are very busy.

A correspondent in Tampa, Florida, has just sent me a clipping which discusses the matter of smallpox vaccination in the Philippines. It states:

"In 1918 the Philippine Health Service shot 3,286,276 slugs of pus into that number of Philipinos and reaped a harvest of 47,369 cases of smallpox with 10,447 deaths.

"In 1919 they improved the service and delivered 7,670,252 pus puncheries

Digitized by Google

into their brown brethren and reaped a harvest of 65,180 cases of smallpox with 44,408 deaths."

I have no means of determining the truth of such a statement. If you can give me in the way of getting definite and reliable facts in regard to the condition referred to, I shall be very glad to have the information.

Hoping that you are well and realizing that you will do everything to make good for our Filipino brethren, I am,

Faithfully your friend,

W. O. STILLMAN,
President.

P. S.—Does the above mean that the vaccination was a failure? I am a physician.

OFFICE OF THE GOVERNOR-GENERAL OF THE PHILIPPINE ISLANDS

Manila, April 29th, 1922.

Dear Dr. Stillman:

Your letter of March 22nd, quoting statement from a correspondent in Florida which would seem to throw doubt upon the efficacy of vaccination, has just been received. The real facts are diametrically opposite; instead of there being any doubt as to the value of vaccination against smallpox it has been doubly confirmed.

According to the reports of the Philippine Health Service, 1918, there have been even a larger number of deaths reported than quoted by your correspondent. When the records are analyzed they show that something like 90 per cent. of the deaths occurred in children, most of whom were born since 1913. The records show that vaccination has been steadily continued since 1913, but on investigation it was found that, owing to the inefficient inspection, vaccination consisted mostly in destroying the vaccine and submitting reports to the main office that it had been applied. In brief, a huge unvaccinated population had accumulated in the Philippines; it only required a spark to set it into conflagration, and in a short time a smallpox epidemic began among these unvaccinated children which assumed huge proportions, and eventually gained such virulence that it affected persons who, under ordinary conditions, would have been safe. The figures of the City of Manila bear out this statement in a striking manner. Among 989 deaths that were recorded all but 100 occurred in children under 10 years of age. Again, of 1826 cases received at the Manila Infectious Disease Hospital, 813 had never been vaccinated, and of these 660 died; 336 had been vaccinated with negative results; of these 249 died. Of the total 1826 cases received at the hospital only 176 had evidence of vaccination, many of which were undoubtedly performed many years prior to the attack of the disease. Among this number there were 60 deaths. During 1919 more effective vaccination was begin, and there was such a decline in the smallpox epidemic that by 1920 there were only 5 cases in Manila and none in 1921.

From the accompanying table it will be seen that after effective vaccination has been established in the city of Manila there were no deaths for seven years. It is also interesting to observe that before the days of systematic vaccination in the Philippine Islands that there were approximately 40,000 deaths per year from smallpox. As effectual vaccination was carried out the disease disappeared province by province.

It is apparent, therefore, that the foregoing information makes concrete proof of the value and desirability of vaccination when it is effectually applied.

Digitized by Google

I note your request with regard to the feeding of snakes in the Manila zoo, and I hope at a later date to be able to furnish you the information requested. The use of dogs has been stopped.

Yours very sincerely,

LEONARD WOOD.

Dr. William O. Stillman,
President, American Humane Association,
Albany, N. Y.

Deaths Caused by Smallpox in the City of Manila—Group of Ages.
(Transients and Residents Included.)

	30 da	30 da 1 yr	1 yr 2 yr	2 yr 4 yr	5 yr 9 yr	10 yr 14 yr	15 yr 19 yr	20 yr 29 yr	30 yr 39 yr	40 yr 49 yr	50 yr Over	Un-known	Total
1904 ..		3	10		1		3	10		1			29
1905			1				1						2
1906 ..		2	1				2						5
1907 ..	1												1
1908 ..		16	58		20	3	9	9	5	1	1		122
1909 ..		4	11		1		2	5	2				25
1910 ..													0
1911 ..													0
1912 ..													0
1913 ..													0
1914 ..													0
1915 ..													0
1916 ..										1			1
1917 ..		1	1										2
1918 ..	3	193	193	336	148	23	40	44	5	2	2		989
1919 ..	2	10	6	13	9	1	4	7	3				55
1920 ..		1	3					1					5
1921 ..													0

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 5, 1922.

During the week just closed there were 1,068 deaths and a rate of 9.54, as compared with 1,107 deaths and a rate of 10.04 during the corresponding week of 1921, a decrease of 39 in the absolute number of deaths and .50 points in the rate, which is equivalent (taking into consideration the increase in population) to a decrease of 56 deaths.

During the past week there were 6 deaths reported from measles, as compared with 3; 8 deaths from diphtheria and croup, as compared with 8, and 5 deaths from whooping cough, as compared with 4. There were no deaths reported from scarlet fever during the past week. There were 102 deaths from cancer, as compared with 89; 203 deaths from heart diseases, as compared with 199, and 66 deaths from Bright's disease, as compared with 65. There was a decrease of 12 deaths from the pneumonias, the figures being 48 and 60 respectively, and 103 deaths from pulmonary tuberculosis, as compared with 67, an increase of 36. There were only 68 deaths reported from diarrhoeal disease, as compared with 141, a decrease of 73.

There were 171 deaths under one year of age, as compared with 228, a decrease of 57. At the ages five to sixty-five there were 596 deaths, as compared with 566. The mortality at sixty-five years of age and over numbered 245, as compared with 226.

From January 1st to date 81 infants under one year of age died out of every 1,000 born, as compared with 75 deaths at the same age for the corresponding period of last year.

The death rate for the first thirty-one weeks of this year was 13.02, as compared with 11.80 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BOTULISM.—Beall, C. G. Report of an outbreak of botulism. (A. M. A. Jour., July 1, 1922. pp. 38-39.)

FOOT.—Wilson, P. D. Back and foot strain. (J. Ind. Hyg., July, 1922. pp. 106-124, illus.)

NUTRITION.—Violle, H., and T. C. Merrill. Recent applications of the principles of nutrition. (Am. J. Pub. Health, July, 1922. pp. 568-574, tables.)

OCCUPATIONS, DISEASES AND HYGIENE.—Rusher, E. A. Occupational sickness: a review. (J. Ind. Hyg., July, 1922. pp. 125-134, tables.)

RADIUM.—Buerger, Leo. A new method of applying radium through the cystoscope. (New York State J. M., July, 1922. pp. 312-316, illus.)

SEWAGE DISPOSAL.—Wagenhals, H. H. Some conclusions drawn from a survey of sewage treatment plants. (U. S. Public Health Service, Public Health Rep., June 23, 1922. pp. 1505-1518.)

SMALLPOX.—Heiser, V. G., and C. N. Leach. Vaccination in the Philippines still effective. (A. M. A. Jour., July 1, 1922. pp. 40-41, tables.)

SYPHILIS.—Cornwall, L. H. A classification of neurosyphilis with some remarks concerning therapy. (New York State J. M., July, 1922. pp. 316-322.)

TUMORS.—Quick, D. A., and F. M. Johnson. Radium treatment of parotid tumors. (New York State J. M., July, 1922. pp. 297-302, illus.)

VITAMINS.—Seidell, A. A physiological test for the activity of vitamine preparations. (U. S. Public Health Service, Public Health Rep., June 23, 1922. pp. 1519-1523.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 13	May 20	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5
Total deaths	1475	1415	1384	1324	1284	1255	1044	1079	1091	1094	1055	978	1088
Annual Death Rate	13.18	12.64	12.37	11.83	11.47	11 21	9.33	9.64	9.75	9 77	9.43	8.74	9.54
*Acute Infectious Diseases	77	113	86	75	78	74	89	24	44	24	22	29	24
Pul. Tuberculosis..	99	89	109	104	111	112	101	97	77	89	86	88	108
Influenza	8	5	8	2	2	2	4	..	2	2	2	3	1
Lobar Pneumonia..	95	100	96	62	47	56	25	28	28	21	20	25	21
Broncho Pneum. ..	104	97	70	64	72	44	41	38	34	38	32	27	27
**Violent Deaths ...	81	64	78	82	67	120	75	82	89	94	86	75	89
Deaths under 1 year.	207	198	162	177	179	164	124	130	166	158	143	167	171
Rates per 1,000 births	82.0	78.5	64.2	70.1	70.9	65.0	49.1	51 5	65 7	62.7	56.7	66 1	67 8
Deaths under 5 years	367	332	293	305	298	276	210	199	236	224	197	224	227
" 5-65 years ...	787	743	799	725	698	735	630	687	629	632	623	555	586
" 65 years and over	321	290	292	294	293	244	204	243	226	238	235	199	245

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	340	379	402	229	288	298	209	263	190	27	231	166	224
Diphtheria	287	300	303	244	246	210	167	212	166	140	132	134	105
Measles	2521	2251	2325	1399	1268	872	595	412	313	237	182	107	64
Scarlet Fever	331	353	296	218	159	89	104	88	55	43	51	32	25
Chickenpox	179	142	170	156	145	154	77	43	44	23	32	16	10
Influenza	29	19	23	9	18	5	9	6	1	7	3	7	9
Pneumonias	454	399	340	256	222	177	165	151	86	107	89	93	77
Typhoid Fever	12	11	6	10	7	9	13	18	15	18	23	39	20
Whooping Cough ...	129	110	90	85	93	106	100	111	75	67	98	126	86
Syphilis	224	254	321	206	225	206	294	211	162	227	169	222	197
Gonorrhoea	88	97	144	110	114	113	125	72	101	166	118	159	154
Poliomyelitis	1	1	4	1	..	1	1	..	2	1	1	5	4
Cerebro-spinal Meningitis	5	5	6	4	7	1	1	3	1	2	5	3	4
Total	4600	4321	4430	2927	2787	2241	1860	1590	1211	1312	1134	1109	979

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 5, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	501	459	451	1057	226	66	11 48	10 54	10.36
The Bronx	732,016	809,536	110	127	113	324	88	6	7.37	8 18	7.28
Brooklyn	2,018,356	2,117,227	364	357	382	941	158	45	9.14	8 80	9.41
Queens	469,042	516,683	100	96	100	211	24	10	10 48	9 59	10 10
Richmond	116,531	124,400	32	30	22	68	17	2	13 77	12 58	9.23
Total	5,620,048	5,839,738	1107	1068	1068	2596	508	129	10 04	9 54	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-one weeks of this year there were 45,179 deaths, a rate of 13.02 per 1,000 population. During the corresponding weeks of last year there were 40,313 deaths, a rate of 11.80 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	9	33	..	..	..	8	14	29	27	8	..	35	88	115	247	97
The Bronx	1	22	..	..	..	3	1	7	7	4	..	16	11	16	73	33
Brooklyn	7	19	1	1	..	3	9	25	24	1	2	23	57	77	194	36
Queens	1	19	..	..	1	2	2	5	5	2	..	9	9	12	53	25
Richmond	1	10	..	..	..	..	1	2	1	..	..	4	6	7	19	4
Total	19	103	1	1	1	21	27	68	64	15	2	87	171	227	596	245

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	82	78 5	21	20.1	4	18	107	26 1	26	6.3	7	1.7
The Bronx	12	41.5	7	24 2	..	7	19	12.2	7	4.5	.	...
Brooklyn	61	64 4	22	23.2	4	17	81	19 1	25	5.9	7	1.6
Queens	11	58 9	4	21 4	1	3	15	14.5	6	5.8	1	1.0
Richmond	5	89 6	..	...	..	..	5	21.9	..	...	..	.
City of New York.	171	67.8	54	21.4	9	45	227	20 8	64	5.7	15	1 3

During the first thirty-one weeks of this year 6,320 infants died, a rate of 81. per 1,000 births. During the corresponding weeks of last year 5,926 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department ofHealth Hospitals

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 7-29-22.	36	70	18	18	20	54	11	19	3	5	..	3	..	..	..	106	..	575	88	1026
Admitted	3	26	1	23	4	8	..	6	1	1	..	.	..	..	..	11	..	15	.	99
Discharged	9	16	8	19	6	7	2	5	1	2	..	1	..	..	..	8	..	19	2	105
Died	..	2	..	2		2	1	..	..	..	..	..	..	..	..	..	..	..	1	8
Rem'g 8-5-'22.	30	78	11	20	18	53	8	20	3	4	..	2	..	..	..	109	..	571	85	1012
Total treated	39	96	19	41	24	62	11	25	4	6	..	3	..	..	..	117		590	88	1125

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1068	1107	580	488	171	27	29	227	44	69	201	282	245
1. Typhoid Fever	4	2	2	2	..	..	..	..	1	2	1	..	
2. Malarial Fever	1	..	..	1	..	..	..	..			..	..	1
5. Measles	6	3	3	3	3	3		6		..	..	..	
6. Scarlet Fever	..	2	..	..	..	..	..	..	..	..	..	..	..
7. Whooping Cough	5	4	2	3	3	2	..	5	..	..		..	..
8. Diphtheria	8	8	3	5	1	..	3	4	3	..	1	..	..
9. Influenza	1	3	..	1	..	..	..	..	..	..	1	..	..
Poliomyelitis	3	3	1	2	..	1	1	2	1		..	..	..
12. Other Epidemic Diseases	2	2	1	1	1	..	..	1			..	1	..
13. Pulmonary Tuberculosis	103	67	60	43	2	..	2	4	1	26	49	21	2
14. Tbc. Meningitis	15	6	9	6	1	2	6	9	3	1	2	..	
15. Other forms Tbc.	11	5	7	4	1	2	1	4	..	3	3	..	1
16. Cancer, Malignant Tumor	102	89	40	62	..	1	..	1	..	1	14	47	39
17. Simple Meningitis	1	2	..	1	..	..	..	..	..	..	1	..	..
17a. Cerebro-spinal Meningitis	1	2	1	..	..	..	..	..	1	..	..	..	..
18. Apoplexy, Softening of the Brain	16	16	5	11	..	.	..	..		..	..	6	10
19. Organic Heart Diseases	194	187	100	94		..	2	2	6	5	14	77	90
20. Acute Bronchitis	1	2	1	.	1	..	..	1		..	..	..	..
21. Chronic Bronchitis	1		1	..		..	..	..	..		..	..	1
22. Lobar Pneumonia	21	24	14	7	3	2	..	5	..	5	5	4	2
22a. Broncho Pneumonia	27	36	19	8	13	4	..	17	1	..	2	3	4
23. Other Respiratory Diseases	1	9	1	..	..	..	..	..	..	..	1	..	..
24. Diseases of the Stomach (Cancer excepted)	6	6	..	6	..	..	..	..		..	4	1	1
25. Diarrhoeal Diseases (under 5 years)	64	134	36	28	54	7	3	64	..				
26. Appendicitis and Typhilitis	19	15	12	7	..	..	1	1	3	..	6	6	3
27. Hernia, Intestinal Obstruction	12	18	5	7	2	..	1	3	..	..	1	3	5
28. Cirrhosis of Liver	6	1	3	3	..	..	..	..	1	..	..	4	1
29. Bright's Disease and Nephritis	66	65	39	27	1	..	1	2		1	11	25	27
30. Diseases of Women (not Cancer)	5	10	..	5		..	..	..		1	4	..	..
31. Puerperal Septicaemia	2	2	..	2	..	..	..	..		1	1	..	
32. Other Puerperal Diseases	10	7	..	10	..	..	.			2	8	.	
33. Congenital Debility, and Malformations	67	67	41	26	66	..	1	67	..	..	..		
34. Old Age	3	3	..	3								..	3
35. Violent Deaths	89	93	64	25	1	1	5	7	16	9	26	24	7
a. Sunstroke	2	12	1	1	..			..	..		..	1	1
b. Other Accidents	85	74	61	24	1	1	5	7	16	9	24	22	6
c. Homicide	2	7	2		..	..	..	..	..	..	2	..	..
36. Suicide	15	13	8	7	..	..	..	..	..	3	6	6	..
*37. All other causes	179	194	101	78	18	2	2	22	7	9	39	84	68
38. Ill-defined causes	1	7	1	..	..	..	..	..	..	..	1		..

Deaths in Institutions,	494	Mean temperature,	71.7 deg. Fahr.
Mean barometer,	29.73	Minimum temperature,	61.0 deg. Fahr.
Mean humidity,	76.6	Maximum temperature,	87.0 deg. Fahr.
Precipitation,	.53		

†If the deaths under one month, numbering 69 from all causes, be deducted from the total deaths under one year, the resulting rate will be 40 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 7, Diabetes 25, Alcoholism 5, Locomotor Ataxia 0, Paresis 3, Arterio-sclerosis 89, all other congenital causes 10.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. AUGUST 19, 1922. No. 33.

NEW TUBERCULOSIS CIRCULAR AND CENSUS CARD.

Below is given the text of a new circular of "Advice and Information about Tuberculosis" which the Bureau of Preventable Diseases has just issued and will distribute, as far as possible, to members of the community through the tuberculosis clinics and other branches of the Bureau's service. An edition of this circular is being prepared in Yiddish and will be available for distribution within a few days. Copies in one or more other languages will follow. So far as possible, we will be glad to send these circulars to physicians or social service agencies who will undertake to distribute them among patients, or to those with whom such cases come into intimate contact.

We have been making progress slowly and steadily toward obtaining such information as will make it possible to wage an even more effective campaign against tuberculosis. With this end in view, the official questionnaire form which is sent at regular intervals to physicians who have cases of pulmonary tuberculosis under their supervision and care, has been slightly modified so that we shall learn whether each patient has ever had a positive sputum, and whether children in the family are exposed.

Any one familiar with the major aims and activities of those who are conducting the campaign against tuberculosis, will at once see the value of obtaining this information. The card to contain these data, which, in part, will be filled out by Department employees, so as to lighten the burdens of the doctor, will, when returned, constitute evidence that the attending physician is lending all possible aid to the Department in its war on the disease.

ADVICE AND INFORMATION ABOUT TUBERCULOSIS.

Tuberculosis is caused by a living germ called the tubercle bacillus. In the body of a healthy person these germs will not grow. In a weak body they grow fast. In most cases these germs grow in the lungs. They may also attack the bones, the glands, the brain, the kidneys or other parts of the body. When these germs grow in the lungs and cause lung disease, it is called "consumption," or tuberculosis.

The tuberculosis germs may remain in a gland without growing for many years. If one takes good care of the body, the germs find no chance to grow. If the body becomes weak because one has been sick, or careless about getting enough good food, sleep, fresh air and exercise, the germs may then find a chance to grow. They usually attack the lungs, and the breathing spaces in the lungs become clogged up with inflammatory matter. Then the lungs are usually eaten away.

A consumptive's spit usually contains a few tuberculosis germs in the beginning; later it contains many millions.

The first signs of consumption usually are a slight cough that lasts for several weeks, loss of weight, more or less weakness and tiredness, a little fever in the afternoon and often signs of indigestion. In some cases the patient sweats a great deal at night or may cough up blood. A person who has any of these complaints should go at once to a physician to get a thorough examination. He should not lose time taking patent medicine fakes or going to doctors who advertise in newspapers or in other ways.

Digitized by Google

If you are in doubt about your health, go to a doctor at once for an examination. Tuberculosis is curable in the majority of cases, if promptly treated.

A doctor should be able to tell you if you have tuberculosis by a careful examination of the chest. If the doctor examines you through your clothing or prescribes for your complaint without any examination, he may be overlooking a serious condition.

Nobody has discovered any medicine or drug that may be taken by mouth, injected under the skin, or rubbed in, or given by any other method which will cure consumption. The only way is to have yourself examined by a doctor at least once a year to discover whether the disease exists. If signs of the disease are found you must at once follow advice as to rest, food, fresh air and sunshine, which is the only cure.

To Prevent Tuberculosis.

1st—Live in the fresh air summer and winter, rain or shine. Keep the windows in the shop or home open, day and night. Do not be afraid of night air, or sleep with closed windows when it rain or snows.

2nd—Eat plenty of simple food such as eggs, milk, meat, bread, butter, vegetables, oatmeal and rice. Eat slowly and chew your food well.

3rd—Go to bed early and get about eight hours sleep.

4th—Don't overwork.

5th—If you can help it don't stay in rooms or shops where dust is present in the air.

6th—Avoid those who spit. They spread consumption and other diseases.

7th—Don't take patent medicines for a cough. Go to a doctor for a thorough examination.

DEPARTMENT OF HEALTH
CITY OF NEW YORK
BUREAU OF PREVENTABLE DISEASES

New Tuberculosis Census Card.

REPORT ON CASE OF TUBERCULOSIS

From Dr. ..... Address .....

To the Department of Health, City of New York

Name..... Age..... Sex..... Color..... Nativity.....

Address..... Borough..... Occupation.....

Patient is: Parent—Other Member of Family—Boarder. (Encircle word applying to case.)

Positive Sputum was..... obtained on..... 192....

Sputum was last examined on.....192....

The following children are living in the home occupied by the patient:

Name..... Age.... School.... Name..... Age.... School....

Name..... Age.... School.... Name..... Age.... School....

I herewith certify from personal knowledge and observation of the above mentioned patient's habits and home conditions that all precautions to prevent the spread of infection are being observed, and that I will assume the responsibility of continuing to observe and supervise the patient and the home conditions as long as patient remains under my professional care.

Date..... .....M. D

Form IIIV—25-1552-22 D

(OVER)

Reverse.

NOTE.—All cases of pulmonary tuberculosis, not under continuous observation at their homes by private physicians, are visited by a tuberculosis nurse, who sees that the necessary precautions are being observed and orders renovation upon removal of the case.

The attention of physicians is called to the following resolutions of the Board of Health, adopted March 30, 1910, and amended January 10, 1911:

"It is hereby ordered that every physician having a case of pulmonary tuberculosis under his care be required to notify the Department of Health once a month, on cards furnished for that purpose, if patient still resides at the original address given; if not, of any change of address of such patient in order that the premises vacated may be properly disinfected by the Department.

"And further ordered that every physician be required to notify the Department of Health in the same manner whenever a case of pulmonary tuberculosis passes from his professional care, or fails to observe the necessary sanitary precautions, in order that the Department may assume surveillance of such case."

(OVER)

Digitized by Google

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the sixth installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

German Measles.

Synonyms: *Rotheln, Roseola, Rubella.*

Q. What is the source of infection?

A. Secretions of the mouth and possibly of the nose.

Q. What is the mode of transmission?

A. By direct contact with the patient or with articles freshly soiled with the discharges from the nose or throat of the patient.

Q. Is the period of incubation variable?

A. Yes, that it is within three weeks and never less than 10 days, is as exact a statement as may be made, safely.

Q. When is the disease communicable?

A. From the onset of symptoms to disappearance of rash.

Q. Has German measles a prodromal period?

A. A period of invasion is absent altogether, or very mild, and lasts for twenty-four hours with constitutional symptoms. The patients have a febrile movement, headache, nausea, vomiting, conjunctivitis, pharyngitis, and swelling of the glands of the neck. These symptoms when present are usually mild and of short duration. The throat may be markedly congested with no edema and very little pain.

Q. Describe the enanthem?

A. The enanthem (often referred to as Forscheimer's spots) consists of macular discolorations on pharyngeal mucous membrane. It does not present miliary vesicles on hard or soft palate, nor follicular deposits on the tonsils. It is present a day or so before the eruption and persists two or three days. It is often indistinct and gives little guidance.

Q. Describe the exanthem?

A. The eruption is in the form of pinkish macules, which are large and isolated, and resemble the rash of measles; or small and close together, and resemble the rash of scarlatina. In some cases the macules present a pseudo-papular or goose-flesh appearance; in others, the lesions may present small vesicles. The eruption is regularly the prominent symptom, altogether out of proportion to the constitutional symptoms. It appears on the face, body, and extremities. It usually begins to fade on the second day and may become confluent before its disappearance. It sometimes comes out in crops, fading in one place before it appears in another.

Q. What may be said of the course of the disease?

A. During the period of eruption there may be a little fever, a coated tongue, conjunctivitis, pharyngitis, swelling of the lymphatic glands in the back of the neck.

Q. Does German measles present any difficulties in diagnosis?

A. Yes, the two diseases with which German measles is usually confused are measles and scarlet fever. Attacks of German measles may be severe for twenty-four hours. Early, these cases look like measles but lack the necessary catarrhal conditions; later, they look like scarlet fever, but will be afebrile and will clear up with a rapidity and completeness foreign to scarlet fever. The rash, further-

Digitized by Google

more, is freely distributed on face and behind ears (where it persists macular). The enanthem, while variable in intensity, presents neither miliary vesicles on uvula and soft palate nor spots of pseudo-membrane on tonsils. It does not affect labial nor buccal mucous membranes, as measles does. Post-auricular and post-cervical glands are usually enlarged. These enlarged glands are painless and freely movable under the skin. A row of them may frequently be found on each postero-lateral aspect of the neck.

TYPHOID FEVER IN NEW YORK CITY.

Report for Quarter Ending June 30, 1922.

During the second quarter of this year, a total of 109 cases of typhoid fever were reported. Of this number, 4 cases were erroneously so diagnosed, leaving a corrected total of 105 cases. During the corresponding quarter of 1921, a net total of 119 cases were reported. Therefore, we had 14 fewer cases listed this quarter than in the corresponding quarter of 1921.

During the last quarter, the diagnosis was confirmed by laboratory tests in 56 per cent. of the cases, as against 77 per cent. in the corresponding quarter of 1921. Thus there has been a seeming lapse on the part of physicians in employing laboratory diagnostic facilities available. This is a serious omission, because the real nature of a disease may be overlooked, if laboratory tests are not employed.

A total of 19 deaths were reported in this quarter, as compared with 21 deaths in the corresponding quarter of 1921. During the quarter in question, the probable source of infection was traced in 25 per cent. of the cases, as against 40 per cent. so traced in the corresponding period of last year.

Eight cases were found to have resulted from contact with active cases; three cases were traced to proven carriers; and six cases were traced to probable carriers. Nine cases were traced to out of town sources.

One hundred and fifty persons were immunized in this quarter, as against 191 persons in the corresponding quarter of 1921.

In spite of continued propaganda for typhoid immunization, we have had little success in persuading any considerable group in the community to secure the protection afforded by this measure. We must, therefore, expect that typhoid fever will continue at about its present rate of prevalence, until the public apathy shall have been overcome.

Thirty-one persons, who were exposed to typhoid fever during this quarter, received a full course of three injections, as against 77 persons so immunized during the corresponding quarter of 1921.

Forty-seven per cent. of the cases were hospitalized, as against 58 per cent. in the corresponding quarter of 1921.

Typhoid Fever—Quarter Ending June 30, 1922.

	Manhattan		Bronx		Brooklyn		Queens		Richmond		City	
	1921	1922	1921	1922	1921	1922	1921	1922	1921	1922	1921	1922
1 Total cases reported as typhoid..	53	39	23	6	46	49	8	13	3	2	133	109
Number erroneously diagnosed and reported	5	4	3	0	5	0	1	0	0	0	14	4
Corrected total of cases	48	35	20	6	41	49	7	13	3	2	119	105
Diagnosis confirmed by												
1 Widal	20	15	11	5	24	18	5	7	2	1	62	46
2 Blood culture	3	1	0	0	1	..	0	0	0	0	4	1
3 Stool	2	1	4	0	1	3	0	0	0	0	7	4
4 Widal; stool	4	2	2	0	4	2	1	1	1	0	12	5
5 Widal; blood culture	1	1	0	0	0	0	0	0	0	0	1	1
6 Stool; blood culture	1	1	0	0	2	0	0	0	0	0	3	1
7 Widal; stool; blood culture ..	1	1	0	0	2	0	0	0	0	0	3	1
8 Operation	0	..	0	0	0	0	0	0	0	0	0	0
9 Autopsy	0	..	0	0	0	0	0	0	0	0	0	0
10 No confirmation	16	13	3	1	7	16	1	5	0	1	27	46
TOTAL	48	35	17	6	41	49	7	13	3	2	119	105

Digitized by Google

	Percent of cases confirmed	67	63	85	83	83	47	71	62	100	50	77	56
2	DEATHS	11	5	3	0	4	10	3	4	0	0	21	19
3	Percentage of cases in which probable mode of infection was traced	42	22	35	20	47	25	30	56	33	50	40	25
4	Probable modes of infection:												
	1 Contact with active cases ...	5	0	3	0	5	5	0	3	0	0	13	8
	2 Contact with chronic carriers proven	0	2	0	0	2	1	0	0	0	0	2	3
	3 Suspected carriers	2	2	0	0	3	3	2	1	1	0	8	6
	Total contact cases	7	0	3	0	10	0	2	0	1	0	23	0
	4 Oysters	0	0	1	0	0	0	0	0	0	0	1	0
	5 Out of town infection	12	4	3	1	6	3	0	0	0	1	21	9
	6 Doubtful out of town infection	1	0	0	0	2	0	0	0	0	0	3	0
	Total out of town infection	13	4	3	1	8	3	0	0	0	1	24	9
5	Immunization (complete) performed by Department:												
	1 Persons exposed to cases	50	0	6	0	11	7	7	24	3	0	77	31
	2 Persons not exposed	20	74	4	5	16	22	2	18	0	0	42	119
	Immunization (incomplete) performed by Department:												
	1 Persons exposed	22	0	1	0	0	0	0	0	1	0	24	0
	2 Persons not exposed	25	6	1	4	22	1	0	0	0	0	48	7
6	a Patients treated as hospital	30	18	5	2	29	19	3	8	2	2	69	49
	b Patients treated at home	18	17	15	4	12	30	4	5	1	0	50	56
	Percentage of cases treated at home	62	51	25	40	71	39	43	62	66	100	58	47

Para-Typhoid Fever Reported.

In addition to the typhoid fever cases listed, the following para-typhoid fever cases were reported:

	Manhattan	Bronx	Brooklyn	Queens	Richmond	City
Cases reported	5	0	1	1	0	7
Laboratory confirmation	4	0	0	0	0	4

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 12, 1922.

During the week just closed there were 1,027 deaths and a rate of 9.17, as compared with 1,043 deaths and a rate of 9.46 during the corresponding week of 1921, a decrease of 16 in the absolute number of deaths and .29 points in the rate, which is equivalent (taking into consideration the increase in population) to a decrease of 32 deaths.

During the past week there were 6 deaths reported from diphtheria and croup, as compared with 6; 7 deaths from whooping cough, as compared with 9; 1 death from typhoid fever, as compared with 3; and 1 death reported from measles,—there were no deaths reported from this cause during the corresponding week of 1921. There were 98 deaths reported from cancer, as compared with 113; 208 deaths from heart diseases, as compared with 193; and 65 deaths from Bright's disease, as compared with 56. There was a decrease of 8 deaths from the pneumonias, the figures being 53 and 61 respectively, and 75 deaths from pulmonary tuberculosis, as compared with 67.

The diarrhoeal diseases show a mortality of 57 deaths, as compared with 108 during the corresponding week of 1921, a decrease of 51 deaths.

Infant mortality shows a gratifying decrease, there having been 163 deaths reported, as compared with 210, a decrease of 47 deaths. At the ages five to sixty-five years there were 576 deaths, as compared with 547. The mortality at sixty-five years of age and over numbered 237, as compared with 216.

From Jan. 1st to date 80 infants under one year of age died out of every 1,000 born, as compared with 75 deaths at the same age for the corresponding period of last year.

The death rate for the first thirty-two weeks of this year was 12.90, as compared with 11.72 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CONFECTIONERY.—Tanner, F. W., and E. Davis. Some observations on the sanitary condition of confections. (Am. J. Pub. Health, July, 1922. pp. 605-607.)

DEATH RATE.—The decline in the death rate 1901-1910 and 1910-1920. (U. S. Public Health Service, Public Health Rep., July 7, 1922. pp. 1625-1627, tables.)

DISINFECTION.—Conover, J. R., and J. L. Laird. The determination of the value of certain soaps in disinfecting wall and floor surfaces. (Am. J. Pub. Health, July, 1922. pp. 602-605, tables.)

ENCEPHALITIS, EPIDEMIC.—House, W. Sequelae of epidemic (lethargic) encephalitis. (A. M. A. Jour., July 15, 1922. pp. 211-216.)

HAY-FEVER.—Caulfield, A. H. W. Desensitization of hay-fever patients by injection and local application. (A. M. A. Jour., July 8, 1922. pp. 125-128, tables.)

HEALTH.—Harap, H. Results of a health program in a summer play school. (Am. J. Public Health, July, 1922. pp. 594-598, tables.)

METABOLISM.—Talbot F. B. Clinical value of basal metabolism in infancy and childhood. (Arch. Pediat., July, 1922. pp. 419-430.)

MILK INSPECTION.—Chapter from forthcoming result of Committee on Municipal Health Department Practice. (Am. J. Public Health, July, 1922. pp. 577-582, tables.)

NUTRITION.—Hess, A. F. Nutritional disorders in the light of recent investigations (Boston M. & S. J., July 20, 1922. pp. 101-108, charts.)

SCHOOLS, MEDICAL INSPECTION.—Palmer, G. T. A new venture in school medical inspection. (Am. J. Pub. Health, July, 1922. pp. 599-602, charts.)

SHELLFISH.—Report of committee on standard methods for the bacteriological examination of shellfish. (Am. J. Pub. Health, July, 1922. pp. 574-576.)

VITAMINS.—Holt, L. E. The practical application of the results of vitamin studies. (A. M. A. Jour., July 8, 1922. pp. 129-132.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 20	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12
Total deaths	1415	1384	1334	1284	1255	1044	1079	1091	1094	1055	978	1058	1027
Annual Death Rate	12.64	12.37	11.83	11.47	11.21	9.33	9.64	9.75	9.77	9.43	8.74	9.54	9.17
*Acute Infectious Diseases	113	86	75	78	74	89	74	44	24	22	29	24	16
Pul. Tuberculosis..	89	109	104	111	112	101	97	77	89	85	83	108	75
Influenza	5	8	2	2	2	4	..	2	2	2	3	1	1
Lobar Pneumonia..	100	96	62	47	56	25	28	28	21	20	25	21	24
Broncho Pneum. ..	97	70	64	72	44	41	38	34	38	32	27	27	29
**Violent Deaths ...	64	78	82	67	120	75	82	89	94	86	75	89	89
Deaths under 1 year.	198	162	177	179	164	124	130	166	158	143	167	171	168
Rates per 1,000 births	78.5	64.2	70.1	70.9	65.0	49.1	51.5	65.7	62.7	56.7	66 1	67 8	64.7
Deaths under 5 years	382	293	306	298	276	210	199	236	224	197	234	227	214
" 5-65 years ...	743	799	735	698	735	680	687	629	682	623	556	596	576
" 65 years and over	290	292	294	288	244	204	243	226	238	235	189	245	237

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	379	402	229	288	298	209	263	190	27	231	166	224	169
Diphtheria	300	308	244	246	210	167	212	166	140	132	134	105	120
Measles	2251	2325	1399	1268	872	595	412	313	237	182	107	64	48
Scarlet Fever	358	296	218	159	89	104	88	55	43	51	32	25	24
Chickenpox	142	170	156	145	154	77	43	44	22	32	16	10	11
Influenza	19	23	9	13	5	9	6	1	7	3	7	9	5
Pneumonias	399	340	256	222	177	165	151	96	107	89	93	77	96
Typhoid Fever	11	6	10	7	9	13	18	15	18	23	30	20	33
Whooping Cough ...	110	90	85	98	106	100	111	75	67	98	126	86	98
Syphilis	254	321	206	225	206	294	211	162	227	169	223	197	198
Gonorrhoea	97	144	110	114	113	125	72	101	166	113	159	154	72
Poliomyelitis	1	4	1	..	1	1	..	2	1	1	5	4	3
Cerebro-spinal Meningitis	5	6	4	7	1	1	3	1	2	5	3	4	2
Total	4321	4430	2927	2787	2241	1860	1590	1211	1812	1184	1109	979	884

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 12, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	459	441	426	1012	312	32	10 29	10.13	9.78
The Bronx	732,016	809,536	120	121	124	243	61	11	8.04	7.80	7.99
Brooklyn	2,018,356	2,117,227	351	358	368	958	119	43	8.82	8.82	9.07
Queens	469,042	516,683	81	77	89	169	37	12	8.49	7.77	8.99
Richmond	116,531	124,400	32	30	20	62	14	..	13 77	12 58	8.39
Total	5,620,048	5,839,738	1043	1027	1027	2444	543	98	9.46	9.17	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-two weeks of this year there were 46,206 deaths, a rate of 12.90 per 1,000 population. During the corresponding weeks of last year there were 41,356 deaths, a rate of 11.72 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	6	23	..	..	..	12	16	26	24	9	5	26	67	92	248	101
The Bronx	..	16	1	..	..	2	..	3	2	2	..	9	12	16	79	26
Brooklyn	5	18	..	1	..	8	11	19	19	2	1	28	66	82	191	85
Queens	3	4	..	..	..	1	1	8	8	..	..	11	17	23	37	17
Richmond	..	14	..	..	..	1	1	1	1	..	..	..	1	1	21	8
Total	14	75	1	1	..	24	29	57	54	13	6	74	163	214	576	237

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	63	60.4	18	17.3	8	12	85	20.7	22	5.4	4	1.0
The Bronx	14	48 6	3	10.4	..	2	19	12.2	3	1 9	..	..
Brooklyn	68	71 8	20	21.1	3	14	84	19 8	22	5.2	5	1.2
Queens	17	91.6	5	26.9	3	4	25	24.2	6	5.8	2	1.9
Richmond	1	17.9	1	17.9	..	1	1	4.4	1	4.4	..	..
City of New York.	163	64.7	47	18.7	14	33	214	19.2	54	4.8	11	1 0

During the first thirty-two weeks of this year 6,483 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 6,136 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department ofHealth Hospitals

	Willard Parker Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 8-5-'22..	30	78	11	20	18	53	8	20	3	4	..	2	..	..	..	109	..	571	85	1012
Admitted	4	18	3	11	2	8	2	4	1	2	..	4	..	..	..	12	..	21	..	92
Discharged ..	6	17	2	9	2	4	2	5	..	2	..	..	..	..	..	13	..	16	3	81
Died		5	..				..	3				1				..	..	1	1	11
Rem'g 8-12-'22.	28	74	12	22	18	57	8	16	4	4	..	5	..	..	..	108	..	575	81	1012
Total treated	34	96	14	31	20	61	10	24	4	6	..	6	..	..	..	121	..	592	85	1104

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1027	1043	563	464	168	27	24	214	42	64	189	281	327
1. Typhoid Fever	1	3	1	..	.	..	..	..	1	..	..	.	.
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
5. Measles	1	..	..	1	..	..	1	1	.	..	.	..	.
6. Scarlet Fever	..	1	..	.	..	..	..	..	..	..	..	.	.
7. Whooping Cough	7	9	3	4	5	..	2	7	.	..	.	..	..
8. Diphtheria	6	6	4	2	..	2	1	3	3	..	.	..	.
9. Influenza	1	1	..	1	..	..	1	1	.	..	..	..	..
Poliomyelitis	..	3	..	..	..	..	..	..	..	.	..	..	..
12. Other Epidemic Diseases	4	..	2	2	3	.		3	1	..	..	..	..
13. Pulmonary Tuberculosis	75	67	50	25	..	..	..	..	..	13	42	17	3
14. Tbc. Meningitis	6	13	3	3	1	3	1	5	1	..	..	..	
15. Other forms Tbc.	3	3	1	2	..	1	..	1	..	..	..	2	.
16. Cancer, Malignant Tumor	98	113	36	62	..	..	..	..	..	1	19	39	39
17. Simple Meningitis	1	1	1	..	1	..	..	1	..	..	..	..	.
17a. Cerebro-spinal Meningitis	1	3	1	..	1	..	..	1	..	..	..	..	..
18. Apoplexy, Softening of the Brain	11	8	5	6	..	..	..	..	..	..	1	5	5
19. Organic Heart Diseases	200	179	106	94		..	1	1	4	3	26	82	79
20. Acute Bronchitis	..	6	..	..	..	..	..	..	..	..	..	..	..
21. Chronic Bronchitis	1	2	..	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	24	23	15	9	3	1	2	6	..	1	7	7	3
22a. Broncho Pneumonia	29	38	17	12	14	4	..	18	3	2	..	4	2
23. Other Respiratory Diseases	5	7	3	2	..	1	..	1	..	..	2	1	1
24. Diseases of the Stomach (Cancer excepted)	6	6	5	1	..	..	..	..	..	..	3	1	2
25. Diarrhoeal Diseases (under 5 years)	54	101	27	27	47	6	1	54	..	..	..		..
26. Appendicitis and Typhilitis	16	13	8	8	..	..	1	1	4	3	6	2	.
27. Hernia, Intestinal Obstruction	6	10	4	2	..	..	1	1	..	1	1	2	1
28. Cirrhosis of Liver	5	6	3	2	..	..	1	1		..	2	2	
29. Bright's Disease and Nephritis	65	56	29	36	..	..	1	1		1	5	20	28
30. Diseases of Women (not Cancer)	7	4	..	7		..	..	..		..	4	3	..
31. Puerperal Septicaemia	4	2	..	4	..	..	..	..		1	3	..	
32. Other Puerperal Diseases	12	4	..	12	..	..			..	1	11	..	
33. Congenital Debility, and Malformations	69	69	44	25	67	2	..	69	..	..	..	..	.
34. Old Age	6	5	1	5	..	.	.	.	..	..	.	..	6
35. Violent Deaths	80	70	66	14	..	3	4	7	10	14	19	15	5
a. Sunstroke	..	..	..	..	..	.	..	..	..	..	..	..	..
b. Other Accidents	74	64	62	12	..	3	4	7	20	14	15	13	5
c. Homicide	6	6	4	2	..	..	..	..	..	..	4	2	..
36. Suicide	18	11	7	6	..	..	..	..	..	1	8	2	2
*37. All other causes	207	189	118	89	21	4	6	31	5	16	31	66	32
38. Ill-defined causes	3	10	3	..	..	..	..	..	..	1	1	1	.

Deaths in Institutions,	476	Mean temperature,	70.6 deg. Fahr
Mean barometer,	29.85	Minimum temperature,	61.0 deg. Fahr.
Mean humidity,	72.7	Maximum temperature,	85.0 deg. Fahr
Precipitation,	.82		

†If the deaths under one month, numbering 64 from all causes, be deducted from the total deaths under one year, the resulting rate will be 39 per 1000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 9, Diabetes 36, Alcoholism 3, Locomotor Ataxia 0 Paresis 3, Arterio-sclerosis 44, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. AUGUST 26, 1922. No. 34.

PRECAUTIONS TO BE OBSERVED TO PREVENT OPTHALMIA NEONATORUM.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 10th day of August, 1922, the following resolution was adopted:

RESOLVED, That Article II of the Sanitary Code be amended by adding thereto a new section to be numbered 201, to read as follows:

Section 201. Precautions to be observed by physicians, nurses, midwives or other attendants for the prevention of opthalmia neonatorum in the eyes of all new-born children.—It shall be the duty of every physician, nurse, midwife or other person in attendance on a confinement case, to instill in the eyes of the new-born child, immediately after delivery and before the expulsion of the after-birth, a one per cent (1%) solution of nitrate of silver or an equally effective agent in order to prevent the development of ophthalmia neonatorum in the eyes of all new-born children.

A true copy.

CHARLES L. KOHLER,
Secretary.

REMOVAL OF BODIES FROM HOSPITALS.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city on the 10th day of August, 1922, the following resolution was adopted:

RESOLVED, That Section 39 of the Sanitary Code be and the same is hereby amended and made to read as follows:

Section 39. The manager or superintendent of any public or private hospital wherein a mortuary is not maintained for the temporary retention of the remains of persons deceased therein shall forthwith permit the removal of the remains of such deceased persons upon presentation by an undertaker of a removal permit duly issued by the Department of Health.

A true copy.

CHARLES L. KOHLER,
Secretary.

Digitized by Google

EDUCATION REDUCING VENEREAL DISEASE.

The College Student and Venereal Disease.

(Excerpts from Public Health Reports.)

Is venereal infection decreasing among college students? Rather definite answers to this query came as an interesting sidelight to a recent effort on the part of the United States Bureau of Education and the United States Public Health Service to obtain from college presidents their opinions with respect to the prevailing attitudes and practices of college men in the matter of sex. Nearly one hundred college and university executives were asked the following questions:

"In your experience does it seem that the student's attitude toward sexual promiscuity, or his habits and practices have undergone any considerable change during the past fifteen years? If so, what is the direction of the change and to what forces do you attribute it?"

In all, 65 replies were received, embracing comments on a variety of matters such as the apparent growing familiarity between the sexes, the effect of the war and contact with European standards upon sex conduct, the prevailing fashions in dress, the modern dance forms, the conversational habits of students, and the prevalence of venereal diseases and the attitude of college men toward them. These various problems of conduct, directly or remotely related to sex, are discussed, as might be expected, from many points of view. What one president sees as a sign of relaxed moral standards another views simply as a symptom of an effort to place sex relationships on an intelligent and enlightened basis. The effect of the war comes in for a good deal of discussion, with some diversity of opinion as to its ultimate effect upon sex standards. On one topic alone is there unanimity of opinion—that of venereal diseases. The fact that practically forty per cent. of the replies specifically mention venereal diseases signifies the importance attached to them by college presidents.

The college student of today realizes more fully that his brother of an earlier day the dangers and severe risks to health involved in promiscuous sex relations and as a consequence is much more circumspect in his conduct and has on the whole a more enlightened attitude toward all sex matters. Such at least is the consensus of opinion among college presidents. That this change in attitude and practice is not due altogether to a higher "sense of morality" is frankly conceded by a number of presidents, and there are a few who seem to regret that "hygiene" rather than "morals" has been the dominant motive in the change that appears to have taken place in the past fifteen or twenty years.

The forces responsible for this change, loosely classified, are, *first*, education, both popular and academic, in matters of health, with an increasing emphasis on the hygiene of sex and venereal diseases; *second*, a more active concern on the part of the college in the physical well-being of its students, including increased opportunities for physical training and play activity; *third*, improvement in environmental factors, such as the elimination of the saloon and the suppression of prostitution, and, *fourth*, the influence of co-education upon the "atmosphere" of the college.

The criterion chiefly relied upon in support of the belief that college students today are living a cleaner and healthier sex life than heretofore is the evident decline of venereal infection among this particular group.

A few typical quotations from various representative colleges and universities follow:

> "A physician in this town who has much to do with the college students assured me that there was far less venereal disease today than twenty-five years ago."

Digitized by Google

"In our examination of 3,500 or 4,000 boys each half year, we do not see more than three or four cases of acute venereal disease a year."

"One fact on which I count heavily is that the college physician steadily reports to me that cases of venereal diseases in the student body have become extremely rare, and he is in a position to speak with some definiteness on the subject."

"Although the number of students is constantly increasing, this particular form of student vice has shown a constant decrease. This I have not only from my own observation, but from the reports of the physicians and hospitals in the City."

"In this college at least there has been marked improvement during the last decade or two. There is little to support my general impression except that the results of our physical examination of the men students are highly satisfactory."

"One thing I am certain of, is, that there has been a marked decrease in sexual diseases among college students during recent years. This has been distinctly noticeable. At the University of ———— last year more than 7,000 students were registered and there were not more than 20 cases at any one time. This improvement is due chiefly to education. Students are learning more and more the danger of sexual diseases and as a consequence are avoiding them."

"My impression is that there has been a marked reduction in sexual promiscuity and practice during the past fifteen years and I believe this is chiefly due to the better understanding by boys and girls of the relationship and the rights of a socially just conduct between them. The specific evidence I refer to is the record of medical examination and supervision of student body at ———— in the year 1919-20. We discovered only one history of syphilis and one of gonorrhea in original examinations and a total of 10 cases (8 gonorrhea and 2 syphilis) during the year in the entire student body. From records of previous years it was evident that this constituted a very great reduction as compared with pre-war conditions."

"During my time here I have found only two cases of venereal disease in this college, and, we give all students medical examination. It appears to me that there must have been great improvement along this line."

"I feel absolutely certain that the conditions of the college, as far as the attitudes and practices of the undergraduates are concerned, were never so good. This fact is borne out and largely proved, I think, by the data in regard to venereal disease, the figures concerning which are always available to us. The proportion of men in college at the present time so afflicted is an almost negligible quantity so far as per cent. goes, as against conditions in my own time in college when there was hardly any group within the college in which there would not be found men so afflicted."

In view of these opinions, may the question, "Is venereal disease decreasing among college students?", be answered in the affirmative? More than 20 college presidents say "yes", and not one is found expressing a contrary opinion. A few of the presidents state that venereal diseases have always been negligible among their students, but the testimony of the large majority, of those who consider the matter, is that the last few years have witnessed a substantial and, in some instances, a very marked decrease in the number of venereal cases. It would not, of course, be in keeping with scientific accuracy to contend that the opinions set forth have the potency of facts. In but few instances have conditions in colleges or elsewhere been statistically verified. The largest group thus far subjected to examination was the second million drafted men. Examination at mobilization camps showed that 5.6 per cent. of these men had a venereal disease at the time of examination upon arrival at camp. This percentage includes only obvious cases of syphilis, gonorrhea, and chancroid. Wassermann examinations were not given. Furthermore, this percentage does not include those who

Digitized by Google

had been cured prior to the day of examination or who may have become infected la
Assuming, however, that 5.6 per cent. fairly represents the percentage of venere
diseases among unselected groups of the population at any one time, it is obvious th
the rate among college students, judged tentatively by the evidence at hand
decidedly lower.

HEALTH ORGANIZATION OF THE LEAGUE OF NATIONS

An important branch of the work of the League of Nations is that of its hea
organization. The International Health Conference which was held in London
April, 1920, declared that the epidemic situation was menacing to all Europe, a
that the task of fighting epidemics was beyond the strength of voluntary associations
The conference urged, therefore, that the task should be entrusted to the League
Nations as the only official international organization with sufficient authority a
power to undertake the work. In accordance with this recommendation an E
demics Commission was set up by the Council of the League, and since the end
1920 this Commission has co-operated with the Polish health authorities in their cam
paign against epidemics. The Commission, at the head of which was Dr. Norma
White, formerly Sanitary Commissioner with the Government of India, had complete
autonomy, but was responsible to the Council of the League. The funds placed at
disposal by the Governments which are members of the League were not large enough
to make possible an anti-epidemic campaign on the scale originally planned, so the
Commission began its work in Poland, and delivered to the Polish health authorities
the motor transport, soap, clothing, medical stores, etc., most needed at the outset
of the campaign; it also provided funds for the repair and equipment of bathing
and disinfecting establishments, quarantine stations, and hospitals, and gave fifty com
plete fifty-bed hospital units. The work of this Commission was the first experiment
in international sanitary co-operation on a large scale, and it has been a success. Last
autumn, however, the epidemic situation in Russia, and the consequent danger to
her western neighbors, became greatly aggravated on account of the famine, and
more drastic measures were found necessary to deal with the situation. An all-
European anti-epidemic conference was therefore convened by Poland at Warsaw
with the approval of the Council of the League of Nations, and twenty-seven differ
ent nations took part. An account of the resolutions adopted was given in our last
issue, at p. 653. It was notable as being the first general European conference to
which Soviet Russia and Soviet Ukraine were represented. The Conference drew
up a general report of the situation, and the lines were laid down for a series of sani
tary conventions, which are now being negotiated between the States of Central and
Eastern Europe as a first defense against epidemics. Finally, the Conference pre
pared a detailed plan for an anti-epidemic campaign in Russia and in the border
States, and recommended that the conduct of the campaign should be entrusted to
the League of Nations health organization and the Epidemics Commission. The
Conference requested the Council of the League to transmit its recommendations to
the Genoa Conference, on the ground that the latter was to deal with the economic
reconstruction of Europe, and because an epidemic campaign in eastern Europe was
in its opinion the indispensable preliminary to the work of economic reconstruction.
It is hoped that the Genoa Conference will decide upon the measures to be taken
with reference to the anti-epidemic campaign, and whether they shall be carried out
by the health organization of the League of Nations. This health organization

Digitized by Google

consists of, first, a committee appointed by the Council of the League, which acts as the executive body of the organization; second, the Office National d'Hygiene Publique in Paris, a body in existence before the war, which, though not a League organization, acts in close co-operation with the latter, and in practice serves as its general committee, drawing up draft conventions and laying down general lines of policy; third, a secretariat, which forms the health section of the Secretariat-General of the League. The Epidemics Commission originally, as has been said, an independent body, is now also attached to the health section, and is, therefore, really a part of the health organization. An Epidemiological Intelligence Service has been organized to keep the health authorities of all nations informed as to the incidence of all epidemic diseases, and a monthly bulletin is being issued containing statistics and charts of the incidence all over the world of cholera, typhus, dysentery, smallpox, and other infectious diseases. Another branch of the work of the health organization was the conference held in London in December, 1921, on the standardization of serums and serological tests, when, as reported at the time, a programme of inquiry and research was elaborated, to be carried out by the various laboratories and centralized in the Copenhagen Institute. The results will be examined at a forthcoming conference to be held at the Pasteur Institute in Paris.—(*From the British Medical Journal.*)

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 19, 1922.

During the week just closed there were 1,044 deaths and a rate of 9.33, as compared with 1,086 deaths and a rate of 9.85 during the corresponding week of 1921, a decrease of 42 in the absolute number of deaths and .52 points in the rate which is equivalent to a relative decrease of 58 deaths.

The deaths from the acute infectious diseases were slightly lower this week than during the corresponding week of last year. Measles caused 2 deaths, as compared with 3; scarlet fever, 1 death, as compared with 2; diphtheria, 5, as compared with 9, and whooping cough, 5, as compared with 11. The deaths from typhoid fever were somewhat higher this week than the same time last year, there being 7 this week, as compared with 3 last year.

There were 114 deaths from cancer, as compared with 97; 179 deaths from heart diseases, as compared with 197, and 71 deaths from Bright's disease, as compared with 74. There was an increase of 19 deaths from the pneumonias, the figures being 66 and 47, respectively, but a decrease of 33 deaths from pulmonary tuberculosis, the figures being 70, as compared with 103.

The deaths from diarrhoeal diseases show a marked decrease, there being only 74 deaths this week, as compared with 107 for the corresponding week of last year.

The deaths from infants under one year of age were 177, as compared with 216, a saving of 39 lives. Deaths under five years of age were 227, as compared with 289, a decrease of 62. The deaths between the ages of 5 and 65 years of age were slightly in advance of those of last year, there being 586 this year and 584 the previous year. The mortality at 65 years and over numbered 231, as compared with 213, an increase of 18.

The death rate for the first thirty-three week of this year was 12.79, as compared with a rate of 11.67 for the corresponding period of last year. The infant death rate for the same period of this year was 80, as compared with 76.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CARBON MONOXIDE.—Henderson, Y. Automobile exhaust gas as a health hazard. (Boston M. & S. Jour., Aug. 3, 1922. pp. 180-183.)

DERMATOLOGY.—McConnell, W. J. Dermatosis following the use of cutting oils and lubricating compounds. (U. S. Public Health Service. Public Health Rep. July 21, 1922. pp. 1774-1794.)

NUTRITION.—New York Nutrition Council. A method for determining an adequate minimum food allowance with fifteen points for the social worker who has to deal with nutrition problems. June, 1922. 16 p. VF

Cover title: Good nutrition and adequate food allowances for the family.

PNEUMONIA.—Cecil, R. L., and N. P. Larsen. Clinical and bacteriologic study of one thousand cases of lobar pneumonia. (A. M. A. Jour., July 29, 1922. pp. 343-349, tables, charts.)

PUBLIC HEALTH.—Warren, A. J. Some comparative results in cities as health units. (Amer. Med. Assoc. Jour., July 29, 1922. pp. 362-365.)

SCARLET FEVER.—Pryer, R. W. Etiology of scarlet fever; variation or types of the alkali-producing organism in scarlet fever. (J. Lab. & Clin. Med., July, 1922. pp. 592-601, charts.)

SKIN DISEASES.—Lane, C. G. Skin irritants; external and internal. (Boston M. & S. J., July 20, 1922. pp. 108-113.)

TUBERCULOSIS TREATMENT.—Knopf, S. A. A physiological adjuvant in the rest cure of pulmonary tuberculosis. (N. Y. Med. J. & Med. Rec., July 19, 1922. pp. 65-68.)

TYPHOID FEVER.—Keilty, R. A. The conquest of typhoid fever at Chickamauga Park, Ga. (N. Y. Med. J. & Med. Rec., July 19, 1922. pp. 77-81.

TYPHUS FEVER.—Holt-Harris, J. E., and S. B. Grubbs. Weil-Felix test for typhus fever; the Weil-Felix reaction in the diagnosis of typhus fever as used at the New York Quarantine Station. (U. S. Public Health Service. Public Health Rep., July 14, 1922. pp. 1675-1780, tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	May 27	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19
Total deaths	1384	1324	1284	1256	1044	1079	1091	1094	1055	978	1068	1027	1044
Annual Death Rate	12.87	11.83	11.47	11 21	9.33	9.64	9.75	9.77	9.43	8.74	9 54	9.17	9 33
*Acute Infectious Diseases	86	75	73	74	89	54	44	24	22	29	24	16	22
Pul. Tuberculosis..	109	104	111	112	101	97	77	89	85	83	108	75	70
Influenza	8	2	2	2	4	..	2	2	2	3	1	1	2
Lobar Pneumonia..	96	62	47	56	25	28	28	21	20	25	21	24	25
Broncho Pneum. ..	70	64	72	44	41	38	34	38	32	27	27	29	28
**Violent Deaths ...	78	82	67	120	75	82	89	94	86	75	89	80	79
Deaths under 1 year.	162	177	179	164	124	190	166	158	143	167	171	163	177
Rates per 1,000 births	64.2	70.1	70.9	65.0	49.1	51.5	65.7	62.7	56.7	66.1	67 8	64.7	70 4
Deaths under 5 years	298	305	298	276	210	199	236	224	197	234	227	214	227
" 5-65 years ...	799	725	693	785	630	687	629	682	623	555	596	576	586
" 65 years and over	292	294	293	244	204	243	226	238	235	189	245	237	231

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	402	229	288	298	209	263	190	27	231	166	224	169	247
Diphtheria	303	244	246	210	167	2 2	166	140	132	134	105	120	115
Measles	2825	1899	1268	872	595	412	318	287	182	107	64	48	32
Scarlet Fever	296	218	159	89	104	88	55	43	51	32	25	24	29
Chickenpox	170	156	145	154	77	43	44	23	32	16	10	11	11
Influenza	23	9	13	5	9	6	1	7	3	7	9	5	5
Pneumonias	340	256	222	177	165	151	86	107	89	93	77	96	131
Typhoid Fever	6	10	7	9	13	18	15	18	23	29	20	33	33
Whooping Cough ...	90	85	93	106	100	111	75	67	98	126	86	96	85
Syphilis	321	206	225	206	294	211	162	227	169	232	197	166	151
Gonorrhoea	144	110	114	113	125	73	101	166	118	159	154	73	71
Poliomyelitis	4	1	..	1	1	..	2	1	1	5	4	3	3
Cerebro-spinal Meningitis	6	4	7	1	1	3	1	2	5	3	4	2	2
Total	4480	2927	2787	2241	1860	1590	1211	1812	1134	1109	979	854	915

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 19, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	478	468	449	956	264	48	10 95	10.75	10 31
The Bronx	732,016	809,536	128	108	107	298	167	9	8.58	6.96	6 90
Brooklyn	2,018,356	2,117,227	340	351	361	929	368	35	8 54	8.65	8 89
Queens	469,042	516,683	101	84	95	185	28	10	10.59	8 48	9 59
Richmond	116,531	124,400	39	33	32	55	13	5	16 78	13.84	13 42
Total	5,620,048	5,839,738	1086	1044	1044	2423	835	107	9 85	9.33	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-three weeks of this year there were 47,250 deaths, a rate of 12.79 per 1,000 population. During the corresponding weeks of last year there were 42,442 deaths, a rate of 11.67 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	7	25	1	1	..	12	23	35	34	8	5	30	82	112	264	92
The Bronx	1	15	..	..	..	1	2	4	4	..	1	7	11	14	74	20
Brooklyn	4	15	1	1	..	15	10	22	21	6	2	20	65	79	185	87
Queens	1	10	..	..	..	..	2	8	7	1	1	9	11	13	45	26
Richmond	..	5	..	..	..	..	1	5	4	..	..	4	8	9	18	6
Total	13	70	2	2	..	28	38	74	70	15	9	70	177	227	586	231

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	76	73 1	25	24.1	18	16	104	25.8	30	7.3	6	1.5
The Bronx	14	48 7	5	17.4	..	4	17	10.9	5	3.2	..	...
Brooklyn	65	68 6	21	22 2	5	15	79	18.6	22	5.2	3	0.7
Queens	13	70.3	3	43 3	1	6	17	16 4	3	7.7	1	0.9
Richmond	9	161.1	4	71.6	2	1	10	48.7	5	21.8	..	..
City of New York.	177	70.4	68	25 1	21	42	227	20 3	70	6.3	10	0 3

During the first thirty-three weeks of this year 6,600 infants died, a rate of 80. per 1,000 births. During the corresponding weeks of last year 6,352 died, a rate of 76. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 8 12- 22.	28	75	12	21	18	57	8	16	4	4	..	5	..	..	..	108	..	575	81	1012
Admitted	7	20	4	13	1	12	..	1	..	..	..	..	..	..	..	15	..	15	1	89
Discharged ..	8	18	1	17	3	11	1	5	..	1	..	..	..	..	..	11	..	24	1	91
Died	..	..	..	1	..	1	..	2	..	..	..	..	..	..	..	..	..	..	2	6
Rem'g 8-19-'22.	32	82	15	16	16	57	7	10	4	3	..	5	..	..	..	112	..	566	79	1004
Total treated	35	95	16	34	19	69	8	17	4	4	..	5	..	..	..	123	..	590	82	1101

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1044	1086	561	488	177	22	28	227	45	59	179	303	311
1. Typhoid Fever	7	8	3	4	..		..	..	4	1	1	1	
2. Malarial Fever	..	..	..	..	..		..	..			..		
5. Measles	2	3	..	2	..	2	..	2					
6. Scarlet Fever	1	2	..	1	..	..	..	..	..	..	1		
7. Whooping Cough	5	11	2	3	1	3	1	5					
8. Diphtheria	5	9	2	3	..	1	2	3	2	..			
9. Influenza	2	1	1	1	..	..	..			..	1	1	
Poliomyelitis	..	2	..	..	..	..		..	..		..		
12. Other Epidemic Diseases	2	2	1	1	..	1		1	..			1	
13. Pulmonary Tuberculosis	70	103	45	25	..	..	1	1	2	16	34	16	1
14. Tbc. Meningitis	6	8	4	2	3	..	..	3	3	..	..	..	
15. Other forms Tbc.	5	13	2	3	..	..	1	1	..	1	3	..	
16. Cancer, Malignant Tumor	114	97	54	60	..	..	1	1	..	1	13	59	40
17. Simple Meningitis	3	1	1	2	..	.	..	..	..	1	2	..	
17a. Cerebro-spinal Meningitis	2	3	1	1	..	..	..	..		1	1		
18. Apoplexy, Softening of the Brain	10	16	3	7	..		..	..		..	1	7	2
19. Organic Heart Diseases	179	184	95	84	1	..	.	1	7	4	13	69	85
20. Acute Bronchitis	..	3	..	..	..	..	..	..		..	..	.	..
21. Chronic Bronchitis	..	1	..	..		..					..	..	..
22. Lobar Pneumonia	28	21	14	14	3	2	1	6	3	4	6	5	4
22a. Broncho Pneumonia	38	26	19	19	20	3	4	27	..	..	..	3	3
23. Other Respiratory Diseases	9	9	6	3	..	1	2	3	..	2	1	1	2
24. Diseases of the Stomach (Cancer excepted)	7	10	1	6	1	..	..	1	..	2	1	1	2
25. Diarrhoeal Diseases (under 5 years)	70	101	36	34	63	3	4	70	..				
26. Appendicitis and Typhilitis	19	24	11	8	..		1	1	1	2	3	5	2
27. Hernia, Intestinal Obstruction	6	13	3	3	2	..	..	2	..	..	..	2	2
28. Cirrhosis of Liver	5	5	4	1	..	..	..	..			2	2	1
29. Bright's Disease and Nephritis	71	74	32	39	1	..	..	1		1	10	32	27
30. Diseases of Women (not Cancer)	6	5	..	6		..	..	.		..	4	2	..
31. Puerperal Septicaemia	3	2	..	3	..	..		.		1	2	..	
32. Other Puerperal Diseases	10	10	..	10	.	..			.	6	4		
33. Congenital Debility, and Malformations	64	74	32	32	62	1	1	64	..	..	..		
34. Old Age	3	2	..	3				..	.				3
35. Violent Deaths	79	64	59	20	1	1	7	9	14	9	24	14	9
a. Sunstroke	3	1	3	..	1	1		2	..		1	..	..
b. Other Accidents	67	62	48	19	..	..	7	7	14	6	19	12	9
c. Homicide	9	1	8	1	..			..	..	3	4	2	
36. Suicide	15	15	11	4	..			..	.	1	6	7	1
*37. All other causes	194	162	117	77	19	4	2	25	8	4	40	75	42
38. Ill-defined causes	4	7	2	2	..	..	..	..	1	2	1	.	

Deaths in Institutions,	493	Mean temperature,	78.3 deg. Fahr.
Mean barometer,	29.90	Minimum temperature,	62.0 deg. Fahr.
Mean humidity,	74.0	Maximum temperature,	94.0 deg. Fahr.
Precipitation,	0.10		

†If the deaths under one month, numbering 70 from all causes, be deducted from the total deaths under one year, the resulting rate will be 42 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 18, Diabetes 23, Alcoholism 6, Locomotor Ataxia 0, Paresis 7, Arterio-sclerosis 36, all other congenital causes 10.

25a-2022-23-0'C
Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. SEPTEMBER 2, 1922. No. 35.

DEATHS FROM ACCIDENTS IN NEW YORK CITY.

During 1921, 3,483 persons died in New York City as the result of accidents. This tremendous waste of life from preventable causes would be most disheartening were it not for the fact that there has been a decrease in the last three years. While this decrease has been small, less than 400, it gives hope that much greater saving of life may be brought about through educational methods.

About 75% of all deaths (2,496) from accidents were of males, as compared with 987 of females, during 1921. Persons at the extremes of life suffered most heavily from accidents—in other words, those least able to take care of themselves.

The most important cause of accidental deaths, from a numerical viewpoint, was the automobile. During 1921, 849 persons were killed in this city as a result of automobile accidents. This is equivalent to a ratio of almost 15 per hundred thousand of the population, and represents a net increase of one per hundred thousand, since 1919.

Males suffered a death rate of almost three times the female. This was true not only of the total number of deaths, but of the deaths at every age period. The heaviest mortality was experienced between the ages of 5 and 14 years—in other words, the ages during which children use the streets most for play, and when they are least careful. The death rate during this period of life was 31 per hundred thousand. The only age at which the rate exceeded this was over 65 years, where the rate was 51 per hundred thousand. The total number of deaths amongst persons over 65 was, however, less than one-third of those between the ages of 5 and 14. To be exact, there were 92 persons over 65 killed by automobiles during 1921.

It is evident from these figures that the pedestrians are largely responsible for accidents of this sort, because they occurred during the period of life when, on the one hand, they are careless and, on the other hand, when, because of the infirmities of age, they are unable to cope with the inevitable dangers of street traffic.

The number of fatal accidents caused by horse-drawn vehicles has steadily declined, because of the decreasing number of conveyances of this character on the streets each year. The distribution of the deaths from such causes by sex and age, however, parallels those caused by automobiles.

Digitized by Google

An interesting fact was disclosed by a chart prepared some time ago by the Department of Health which showed that the greatest number of fatalities from street accidents occurred between three o'clock in the afternoon and six in the evening; in other words, when the children were using the streets for play, and when the streets were most congested because of persons returning home from business, shopping, etc. As might be exected, there is a direct relation between the amount of vehicular and pedestrian traffic and the number of accidents.

In commenting upon the increase in the number of fatal street accidents, we must not lose sight of the fact that it has not kept pace with the increase in the number of vehicles using the streets. If the same ratio between accidents and vehicles obtained today, as in previous years, the fatalities would be many times greater, so that, in reality, a big saving of life has been effected through the regulation of traffic and the closing of streets for play during certain hours of the day.

The big need in our city today is more playground space for children of the crowded neighborhoods. In such districts, while street traffic may be comparatively light, accidents are more numerous because of the throngs of children on the streets. Anyone who has driven through the crowded sections of the city can readily appreciate the danger due to the enforced use of streets as playgrounds. No doubt radical measures will be required to eliminate street accidents in these sections.

While street accidents are the inevitable result of crowded thoroughfares, there is another type of accident which it should be possible to eliminate. During 1921, 864 persons died as a result of falls, equivalent to a ratio of almost 12 per hundred thousand. This type of accident it should be possible to prevent, and it is encouraging to note that there has been a very appreciable decrease during the past three years. Of the 684, 103 persons were killed by falls from buildings and from scaffolds. It would seem that ordinary precautions should prevent all of such deaths. One hundred and thirty-eight persons were killed by falls from fire escapes and windows. Certainly this was a needless loss of life. Almost one-third of these deaths occurred among children under five years of age—in other words, among little children who were allowed to go out on fire escapes or to lean out of the window. Surely this indicates gross negligence, and calls for active propaganda to educate parents not to permit little tots to take such risks.

Burns and scalds are another cause of death numerically important, and here, too, children are the greatest sufferers, almost one-half of the deaths from this cause occurring during the first five years of life. Illuminating facts are disclosed by the tabulation of these deaths: Under five years of age, boys suffer a higher mortality than girls, because they are more venturesome; but in the next period of life, that is between the ages of 5 and 14, girls suffer the highest mortality, probably because at this age the boys seek their recreation out of doors, whereas girls are more inclined to play indoors, and also because the latter are called upon to assist in the duties of the home, where opportunities for accidents of this sort are greatest.

Accidental deaths from gas poisoning have steadily decreased during the past several years, due, probably, to several causes—the increased use of electricity for illumination, and the greater care exercised in using gas. It should be noted, in connection with this cause of death, that there are undoubtedly included in the total number of deaths a certain number that might properly be charged to suicide, because it occasionally happens that the medical examiners' office and the police are unable to establish, definitely, a suicide motive, and such deaths must, of necessity, be charged to accident. This number, however, is relatively small.

As long as people go in swimming there will be some deaths by drowning. It is, however, gratifying to note that there has been a substantial decrease in the number of deaths from this cause during the past three years in this city. As might be

Digitized by Google

expected, males experience a mortality many times in excess of that of females—342, as compared with 24, during the past year. The mortality from drowning increases, steadily, from the fourteenth year up to the twenty-fifth year; after that it declines. During the past year, 53 boys, between the ages of 5 and 14, were drowned in the waters surrounding the city, and 80 between the ages of 15 and 24. Between the ages of 25 and 44, 127 males were drowned, and, at every age except after 65, the mortality of the males was in great preponderance. After the sixty-fifth year, the rate was about two to one. This is a cause of death that should be amenable to educational methods of prevention!

The tabulation, which the Department of Health has prepared, and gives in detail on pages 276-277, clearly indicates that most accidents result from carelessness and that, if we can educate the children from the time they begin to walk, to exercise care, and continue this education up through school life, we will have accomplished a great deal towards the reduction of this terrible waste of life.

The figures that have been quoted show only a small amount of the suffering that has been caused by accidents. The statistics give only accidents that resulted fatally. There are probably ten, twenty, or, perhaps, thirty times as many accidents that do not result in death, but which cause suffering over more or less extended periods of time, and, oft-times, leave the injured persons permanently disabled. To view the matter entirely from a mercenary standpoint, the economic loss through accidents, each year, is sufficient to warrant the most drastic methods of prevention. Over the prevention of many of these accidents the City authorities have absolutely no control. For instance, neither the Police Commissioner nor the Health Commissioner can prevent a mother from permitting her child to look out of the window, nor boys and men from going in swimming.

MORTALITY BULLETIN FOR THE WEEK ENDING AUGUST 26, 1922.

The death rate of the city during the past week was 9.38 per 1,000 of the population as compared with 9.58 during the corresponding week of 1921, a difference of 20 points in the weekly rate, which means a decrease of 22 deaths when the increase in the population is taken into consideration. The actual number of deaths reported this week was 1,050, and 1,056 for the corresponding week of 1921.

The diseases showing a decreased mortality this week as compared with the corresponding week of last year were: Diphtheria, 4 deaths, as compared with 7; whooping cough, 4 deaths, as compared with 6; cerebro-spinal meningitis, 1 death, as compared with 4; poliomyelitis, no deaths, as compared with 9; diarrhoeal diseases, 74 deaths, as compared with 101; cancer, 88 deaths, as compared with 96; heart diseases, 202 deaths, as compared with 208.

Measles showed a slight increase in the number of deaths, 3, as compared with none; typhoid fever, 8, compared with 3; the deaths from pneumonias were 54, as compared with 48; pulmonary tuberculosis, 104 deaths, as compared with 96. The deaths from violence were 99, as compared with 85; and 7 deaths from sunstroke.

The infant mortality was lower this week, 173 deaths, as compared with 199, as were the deaths under five years, 230, as compared with 262. The deaths between the ages of five and sixty-five years showed an increase, 574, as compared with 566, as did the deaths at sixty-five years and over, which were 246, as compared with 228.

The death rate for the first 34 weeks of this year was 12.70 per 1,000 of the population, as compared with a rate of 11.61 for the corresponding week of 1921. The infant death rate of 80 for the first 34 weeks of 1922 is the same as the rate for 1921.

Digitized by Google

		Total All Ages				Under 5 Years				5 to 14	
		Total Deaths	Rate	M.	F.	Total Deaths	Rate	M.	F.	Total Deaths	Rate
Run over by automobiles	1919	767	13.8	579	188	94	16.9	65	29	304	29.7
	1920	763	13.5	555	208	89	15.7	61	28	299	28.9
	1921	849	14.8	631	218	82	14.3	63	19	328	31.1
Run over by wagons, trucks and other street vehicles	1919	97	1.7	73	24	15	2.7	10	5	35	3.4
	1920	48	.9	40	8	10	1.8	9	1	12	1.1
	1921	74	1.3	61	13	16	2.8	8	8	21	2.0
Run over by electric surface cars	1919	100	1.8	81	19	10	1.8	8	2	12	1.2
	1920	82	1.4	51	31	5	.9	3	2	10	1.0
	1921	85	1.5	65	20	10	1.7	8	2	11	1.0
Run over by steam, elevated and subway cars	1919	113	2.0	106	7	..	..	..	..	3	.3
	1920	89	1.4	82	7	2	.3	..	2	3	.3
	1921	80	1.4	71	9	..	..	..	..	4	.4
Total deaths by automobiles, wagons, trucks, surface cars and railroads	1919	1077	19.3	839	238	119	21.4	83	36	354	34.6
	1920	982	17.3	728	254	106	18.8	73	33	324	31.5
	1921	1088	18.9	828	260	108	18.8	79	29	394	34.5
From buildings and scaffolds	1919	98	1.8	91	7	1	.2	1	..	26	2.5
	1920	115	2.0	103	12	3	.5	2	1	18	1.7
	1921	103	1.8	90	13	6	1.0	4	2	19	1.8
From fire escapes and windows	1919	184	3.3	115	69	60	10.8	42	18	25	2.4
	1920	165	2.9	89	76	56	9.9	31	45	27	2.6
	1921	138	2.4	89	49	44	7.7	32	12	24	2.3
Other falls	1919	494	8.9	357	137	35	6.3	22	13	30	3.0
	1920	480	8.5	323	157	23	4.1	15	8	42	4.0
	1921	443	7.7	311	132	26	4.5	17	9	37	3.5
Total deaths by falls	1919	776	13.9	563	213	96	17.3	65	31	81	7.9
	1920	760	13.4	515	245	82	14.5	48	34	87	8.4
	1921	684	11.9	490	194	76	13.2	53	23	80	7.6
Deaths from burns and scalds	1919	427	7.7	170	257	224	40.3	114	110	75	7.3
	1920	432	7.6	176	256	207	36.6	104	103	79	7.7
	1921	323	5.6	149	174	148	25.8	86	62	63	6.0
Deaths by poisoning	1919	86	1.5	62	24	13	2.3	6	7	1	.1
	1920	81	1.4	48	33	11	1.9	4	7	1	.1
	1921	84	1.4	64	20	14	2.4	9	5	1	.1
Deaths by absorption of deleterious gases	1919	496	8.9	350	146	37	6.7	20	17	9	.9
	1920	504	8.9	355	149	40	7.1	22	18	13	1.3
	1921	352	6.1	222	124	10	1.7	6	4	8	.8
Submersion	1919	420	7.5	395	25	9	1.6	7	2	60	5.9
	1920	331	5.8	314	17	5	.9	4	1	54	5.2
	1921	366	6.4	342	24	5	.9	2	3	56	5.3
All other accidental deaths not specified above	1919	544	9.8	411	133	58	10.4	36	22	43	4.2
	1920	529	9.3	383	146	45	8.0	23	22	61	5.9
	1921	586	10.2	395	191	66	11.5	42	24	55	5.2
Total deaths by all accidents	1919	3826	68.6	2790	1036	556	99.8	331	225	623	60.9
	1920	3619	63.9	2519	1100	496	87.8	278	218	619	59.5
	1921	3843	60.5	2496	987	427	74.4	277	150	627	59.4

Digitized by Google

. PER 100,000 POPULATION AT EACH AGE GROUP.
, Surface Cars, and Railroads.

	24 Years, Inc.			25 to 44 Years, Inc.			45 to 64 Years, Inc.			65 Years and Over		
al Rate	M.	F.	Total Deaths	Rate	M.	F.	Total Deaths	Rate	M.	F.	Total Deaths	Rate	M.	F.
5.7	46	11	114	5.9	86	28	126	14.1	89	37	72	41.1	50	22
5.1	39	12	100	5.0	78	22	147	16.2	88	59	77	43.3	48	29
4.4	37	8	138	6.9	100	38	164	17.8	108	56	92	50.9	61	31
.7	7	..	11	6	10	1	23	2.6	16	7	6	3.4	2	4
.2	2	..	13	.6	12	1	7	.8	7	..	4	2.2	1	3
.4	4	..	13	.6	12	1	13	1.4	13	..	7	3.9	6	1
.9	9	..	21	1.1	18	3	31	3.5	25	6	17	9.7	14	3
1.0	8	2	19	1.0	15	4	26	2.9	15	11	12	6.7	5	7
.8	6	2	22	1.1	17	5	23	2.5	18	5	11	6.1	8	3
2.1	20	1	54	2.8	53	1	27	3.0	25	2	8	4.6	6	2
2.3	21	2	36	1.8	34	2	23	2.5	22	1	2	1.1	2	..
1.3	12	1	34	1.7	31	3	23	2.5	21	2	6	3.3	3	3
9.5	82	12	200	10.4	167	33	207	23.1	155	52	108	58.8	72	31
8.5	70	16	168	8.6	139	29	203	22.3	132	71	95	53.4	56	39
6.8	59	11	207	10.4	160	47	223	24.2	160	63	116	64.2	78	38
Falls.														
.9	9	..	35	1.8	33	2	26	2.9	25	1	1	.6	..	1
1.0	8	2	46	2.3	44	2	31	3.4	29	2	7	3.9	4	3
.7	7	..	39	2.0	35	4	23	2.5	21	2	9	5.0	5	4
1.1	4	7	12	2.2	26	16	27	3.0	19	8	19	10.8	8	11
.5	2	3	40	2.0	24	16	23	2.5	10	13	14	7.9	3	11
1.1	6	5	35	1.8	22	13	15	1.6	8	7	9	5.0	3	6
3.4	32	2	130	6.7	112	18	144	16.1	115	29	121	69.3	50	71
4.0	35	5	107	5.5	97	10	117	12.9	86	31	151	84.8	56	95
3.8	31	8	107	5.4	100	7	120	13.0	94	26	114	63.1	40	74
5.4	45	9	207	10.7	171	36	197	22.0	159	38	141	80.5	58	83
5.5	45	10	193	9.9	165	28	171	18.8	125	46	172	96.6	63	109
5.6	44	13	181	9.1	157	24	158	17.1	123	35	132	73.1	48	84
uths.														
1.4	6	8	50	2.6	19	31	44	5.0	15	29	20	11.4	5	15
2.8	11	17	48	2.4	19	29	44	4.8	15	29	26	14.6	8	18
1.7	9	8	35	1.8	15	20	38	4.1	14	24	22	12.2	6	16
1.3	9	4	39	2.1	32	7	17	1.9	12	5	3	1.7	3	..
.6	3	3	39	2.0	22	17	23	2.5	18	5	1	.6	1	..
1.2	7	5	35	1.8	29	6	21	2.3	18	3	1	.6	..	1
3.9	23	16	161	8.3	127	34	163	18.2	120	43	89	49.7	55	32
3.8	32	6	140	7.1	108	32	160	17.6	116	44	113	63.5	67	46
2.7	20	8	104	5.2	76	28	114	12.4	77	37	88	48.7	45	43
9.6	92	3	152	7.9	142	10	89	9.9	84	5	15	8.6	12	3
7.3	73	1	132	6.7	126	6	58	6.4	52	6	8	4.5	6	2
7.9	80	1	134	6.7	127	7	77	8.3	71	6	13	7.2	9	4
9.3	70	22	219	11.4	169	50	97	10.8	81	16	85	20.0	21	14
8.1	55	27	188	9.6	134	5	116	12.8	100	16	37	20.8	29	8
8.3	46	39	229	11.5	160	69	112	12.1	85	27	89	21.6	23	16
40.4	327	74	1028	53.3	827	201	814	91.0	626	188	404	230.7	226	178
36.6	289	80	908	46.4	713	195	775	85.3	558	217	452	254.0	230	222
34.2	265	85	925	46.5	724	201	743	80.5	548	195	411	227.6	209	202

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ASTHMA.—Rackemann, F. M. The treatment of asthma. (Boston M. & S. Jour., Aug. 10, 1922. pp. 211-215.)

ENCEPHALITIS.—Rosenow, E. C. Experimental studies on the etiology of encephalitis. (A. M. A. Jour. August 5, 1922. pp. 443-448., illus.)

FOOT.—Marshall, H. W. A compilation of current notions on feet. (Nation's Health, July, 1922. pp. 402-404.)

GONORRHEA.—Torrey, J. C., and others. Comparative value, from standpoint of public health, of smears, cultures and complement fixation in the diagnosis of chronic gonorrhea in women. (J. Infec. Diseases, August, 1922. pp. 148-158, tables.)

HEALTH CENTERS.—Hulst, M. M. Health bookkeeping in the Harlem Health Center. (Amer. J. Pub. Health, August, 1922. pp. 683-690.)

HEART DISEASE.—Phipps, C. Heart disease in industry—border line cases. (Nation's Health, July, 1922. pp. 434-435.)

MENINGITIS. — Rivers, T. M. Influenzal meningitis. (Am. J. Dis. Child, August, 1922. pp. 102-124, charts, tables.)

MILK, BACTERIA IN.—Graham, R., and others. The relation of contaminated rations to the presence of c. botulinum in the milk of lactating animals. (Am J Pub. Health, August, 1922. pp. 639-645, illus.)

NURSES, INDUSTRIAL.—Kefauver, C. R. Are industrial nurses unethical? The opinions of physicians, employers, insurance companies and nurses. (Trained Nurse, August, 1922. pp. 116-118.)

NUTRITION.—Clark T. Nutrition in school children. (A. M. A. J., Aug. 12, 1922. pp. 519-525, tables.)

NUTRITION.—New York Nutrition Council. Height and weight as an index of nutrition; including practical instructions. New York Association for Improving the Condition of the Poor, May, 1922. 14 pp.

VF

OCCUPATIONS, DISEASES AND HYGIENE.—Hamilton A. The industrial hygiene of fur cutting and felt hat manufacture. (J. Ind. Hyg., August, 1922. pp. 137-153.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	June 3	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug 19	Aug. 26
Total deaths	1324	1284	1256	1044	1079	1091	1094	1055	978	1068	1027	1044	1059
Annual Death Rate	11.88	11.47	11.21	9.33	9.64	9.75	9.77	9.43	8.74	9.54	9.17	9 33	9.38
*Acute Infectious Diseases	75	73	74	89	84	44	24	22	29	24	16	22	21
Pul. Tuberculosis..	104	111	112	101	97	77	89	85	83	103	75	70	104
Influenza	2	2	2	4	..	2	2	2	3	1	1	2	..
Lobar Pneumonia..	62	47	56	25	28	28	21	20	25	21	24	28	22
Broncho Pneum. ..	64	72	44	41	38	34	38	32	27	27	29	38	32
**Violent Deaths ...	82	67	120	75	82	89	94	86	75	89	80	79	90
Deaths under 1 year.	177	179	164	124	130	166	158	148	167	171	163	177	173
Rates per 1,000 births	70.1	70.9	65.0	49.1	51.5	65.7	62.7	56.7	66.1	67 8	64.7	70.4	68.7
Deaths under 5 years	305	298	276	210	199	236	224	197	234	227	214	227	230
" 5-65 years ...	725	693	735	630	687	629	682	623	555	596	576	596	574
" 65 years and over	294	293	244	204	243	226	238	235	189	245	237	221	255

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	229	238	298	209	263	190	217	231	166	224	169	247	214
Diphtheria	244	246	210	167	2 2	166	140	132	134	105	120	115	107
Measles	1399	1268	872	595	412	318	237	132	107	64	48	32	35
Scarlet Fever	218	159	89	104	88	55	48	51	32	25	24	19	33
Chickenpox	156	145	154	77	43	44	23	32	16	10	11	11	10
Influenza	9	18	5	9	6	1	7	3	7	9	5	8	4
Pneumonias	256	222	177	165	151	86	107	89	93	77	96	121	128
Typhoid Fever	10	7	9	18	18	15	18	23	30	20	32	35	46
Whooping Cough ...	85	93	106	100	111	75	67	93	126	86	96	95	97
Syphilis	206	225	206	294	211	162	227	169	222	197	168	151	155
Gonorrhoea	110	114	113	125	72	101	166	118	159	154	72	72	72
Poliomyelitis	1	..	1	1	..	2	1	1	5	4	3	3	5
Cerebro-spinal Meningitis	4	7	1	1	3	1	2	5	3	4	2	3	5
Total	2927	2787	2241	1860	1590	1211	1812	1184	1109	979	854	965	1012

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, August 26, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	476	510	496	1147	240	56	10 91	11.71	11.39
The Bronx	732,016	809,536	116	109	104	805	58	19	7.77	7 02	6 70
Brooklyn	2,018,356	2,117,227	351	322	347	1035	375	45	8.81	7.93	8 55
Queens	469,042	516,633	81	74	72	202	57	8	8.49	7.47	7.27
Richmond	116,581	124,400	32	35	31	72	14	3	13 77	14 68	13 00
Total	5,620,048	5,839,788	1056	1050	1050	2761	744	131	9 58	9 38	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-four weeks of this year there were 48,300 deaths, a rate of 12.70 per 1,000 population. During the corresponding weeks of last year there were 43,498 deaths, a rate of 11.61 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Disease, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	7	46	..	..	..	13	10	36	36	7	3	45	94	123	280	107
The Bronx	1	20	..	..	..	2	3	3	3	4	..	4	11	15	64	30
Brooklyn	4	16	1	..	..	6	14	32	30	3	5	23	57	76	165	81
Queens	..	13	..	..	..	..	5	2	2	1	..	8	9	14	45	15
Richmond	..	9	..	..	..	1	..	1	1	1	..	2	2	2	20	13
Total	12	104	1	..	..	22	32	74	72	16	8	82	173	230	574	246

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	91	87.2	28	26.9	14	16	117	28 5	34	8.2	6	1 5
The Bronx	12	41.6	4	13.9	1	2	16	10 2	4	2.5	1	0 6
Brooklyn	59	62 2	22	23.2	3	18	79	18.6	31	7.3	4	0.9
Queens	9	48.6	2	10 8	..	2	15	14 5	2	1 9	1	1.0
Richmond	2	35.6	1	17.8	1	..	3	13.1	1	4.4	..	.
City of New York.	173	68.7	57	22.6	19	38	230	20 6	72	6.4	12	1 0

During the first thirty-four weeks of this year 6,833 infants died, a rate of 80 per 1,000 births. During the corresponding weeks of last year 6,551 died, a rate of 80 per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 8 19-'22.	32	82	15	16	16	57	7	10	4	3	..	5	..	..	..	112	..	566	79	1004
Admitted	7	22	..	8	2	6	..	12	2	..	..	..	..	..	..	8	..	23	..	90
Discharged	6	26	7	7	2	11	2	2	1	..	..	..	..	..	..	15	..	14	4	97
Died	..	1	..	1	..	1	..	1	..	..	..	1	..	..	..	..	..	..	3	8
Rem'g 8-26-'22.	33	77	8	16	16	51	5	19	5	3	..	4	..	..	..	105	..	575	72	989
Total treated	39	104	15	24	18	63	7	22	6	3	..	5	..	..	..	120	..	589	79	1094

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1060	1056	594	466	178	32	25	280	37	55	201	281	206
1. Typhoid Fever	8	8	5	3	..	1	..	1	2	2	1	2	..
2. Malarial Fever	..	1	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	..	3	..	2	1	..	3	..	..	..	..	..
6. Scarlet Fever	1	1	1	..	..	..	1	1	..	..	..	..	..
7. Whooping Cough	4	6	1	3	4	..	..	4	..	..	..	..	..
8. Diphtheria	4	7	1	3	..	..	4	4	..	..	..	..	..
9. Influenza	..	..	..	..	..	..	..	..	..	..	..	..	..
Poliomyelitis	..	9	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	3	2	2	1	2	..	..	2	1	..	..	..	..
13. Pulmonary Tuberculosis	104	96	63	41	1	..	1	2	4	18	58	17	5
14. Tbc. Meningitis	6	5	5	1	..	1	2	3	1	1	..	1	..
15. Other forms Tbc.	6	5	4	2	..	1	..	1	..	..	2	2	1
16. Cancer, Malignant Tumor	88	96	43	45	..	..	..	..	..	..	14	44	30
17. Simple Meningitis	1	4	1	..	..	..	..	..	1	..	..	..	..
17a. Cerebro-spinal Meningitis	1	4	..	1	1	..	..	1	..	..	..	..	..
18. Apoplexy, Softening of the Brain	14	16	5	9	..		..	..	..	..	1	3	10
19. Organic Heart Diseases	196	197	90	106	..	1	1	2	3	7	23	67	94
20. Acute Bronchitis	..	4	..	..	..	..	..	..		..	..	..	..
21. Chronic Bronchitis	..	1	..	..	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	22	22	16	6	2	3	2	7	..	..	3	7	5
22a. Broncho Pneumonia	32	26	15	17	11	2	5	18	1	..	2	5	6
23. Other Respiratory Diseases	2	8	1	1	..	1	..	1	..	..	1	..	.
24. Diseases of the Stomach (Cancer excepted)	6	12	5	1	1	..	..	1	..	..	1	1	3
25. Diarrhoeal Diseases (under 5 years)	72	93	43	29	57	14	1	72	..	..	.		..
26. Appendicitis and Typhilitis	16	20	14	2	..	..	..	..	1	3	5	7	..
27. Hernia, Intestinal Obstruction	12	11	5	7		..	..	..	..	1	1	8	2
28. Cirrhosis of Liver	2	6	1	1	..	..	..	..		..	..	2	
29. Bright's Disease and Nephritis	62	63	28	34	..	..	1	1		..	8	26	27
30. Diseases of Women (not Cancer)	5	4	..	5		..	..	..		..	1	4	..
31. Puerperal Septicaemia	4	..	..	4	.	..	..	..	.	1	3	..	
32. Other Puerperal Diseases	6	9	..	6	..	..	.	..	..	2	4	.	
33. Congenital Debility, and Malformations	71	72	42	29	63	3	..	71	..	..	..		
34. Old Age	7	..	1	6	..	..	..	..	..	..	..	..	7
35. Violent Deaths	10	77	71	19	4	2	6	12	16	11	26	20	5
a. Sunstroke	7	..	4	3	1	1	..	2		1	..	3	1
b. Other Accidents	75	71	60	15	3	1	6	10	16	9	20	16	4
c. Homicide	8	6	7	1	..	..		..	..	1	6	1	
36. Suicide	16	8	14	2	..	..					6	8	2
*37. All other causes	184	166	102	82	20	2	1	23	7	9	40	56	49
38. Ill-defined causes	2	2	2	..	..	..	..	..	..	..	1	1	

Deaths in Institutions,	501	Mean temperature,	70.0 deg. Fahr
Mean barometer,	29.81	Minimum temperature,	53.0 deg. Fahr
Mean humidity,	70.3	Maximum temperature,	83.0 deg. Fahr.
Precipitation,	0.16		

†If the deaths under one month, numbering 66 from all causes, be deducted from the total deaths under one year, the resulting rate will be 42 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 9, Diabetes 18, Alcoholism 5, Locomotor Ataxia 7, Arterio-sclerosis 37, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. SEPTEMBER 9, 1922. No. 36.

INTERESTING DETAILS OF THE COMMISSIONER'S HEALTH SCOUTING TRIP ABROAD.

The following is from an interview given by the Commissioner describing his recent health scouting trip through Europe, and will be of interest to all physicians.

"Arriving in Europe," said the Commissioner, "I went to Vienna instead of Berlin as I had first intended to do. Conditions were not good in Germany and I had taken my family with me. Austria is doomed and dying, but with less chance of turbulence. I left my family down there while I investigated, finding, everywhere, that the worst which had been told me by those who had gone before had not been strong enough.

"In Austria I found conditions bad enough. Austria is absolutely crushed. All productive portions of the old empire have been detached; she is an engine without fuel standing rusting, helpless; that is bad for everyone concerned. Her currency has so depreciated that a citizen with a fixed income invariably finds it absolutely inadequate for even ordinary living needs.

"But for foreign aid people of great moment, like the retired professors of the University, with pensions now shrunk in purchasing value to a fraction of that which was intended, would die of starvation.

"I know one man of great eminence, father of a large family, whose income, now, has a purchasing power equal to something less than fifteen dollars a month in the United States at the present high prices.

"I wish you could have seen how happy a few bits of surplus clothing, especially hats, made the women of a certain family of great and well-deserved distinction. When my wife insisted on their taking them they wept.

"But the deprivation which is making Austria a threat against itself—and us—is not of hats. The whole population, and this is not a generalization, has been so long deprived of food essentials that its powers of resistance are a fraction of that which they should be. Hence infection spreads with an abnormal virulence and speed. All Austria, already suffering dreadfully from disease, is ripe for a great epidemic.

"The death-rate from pneumonia and other infectious diseases climbs steadily. It is as if the population waited for a chance to die. Vienna is a pitiable city. To any man possessed of just a little milk of human kindness must come a feeling of deep pity for this formerly opulent, proud people. The opulence is gone,

Digitized by Google

of course, entirely; pathetic bits of pride remain. They bring tears to the onlooker.

"There were bread-riots while we were in Austria. Increasing costs stirred citizens to gather in vast, protesting multitudes, complaining, sometimes shrieking in a curious and dreadful mass-hysteria because they could not see the possibility of subsistence in the future.

"I saw men with the faces of infuriated savages, frenzied because they realized that their families must suffer.

"Austria no longer is a military threat against her neighbors, but she is a sanitary threat against the world.

"I wish I could describe to you the pathetic, wistful longing with which they spoke about America. I venture to express the thought that there is not an individual in Austria who would not forthwith emigrate to the United States if the money for the passage could be earned or begged—multitudes of quite good people would steal to get it—and if this country would permit their wholesale entrance.

"Only lack of money keeps any Central European out of the United States—lack of money and our own regulations. Good and bad would come and the good who would come eagerly would include the very best, the scholars, literary men, scientists, actors, authors—everybody.

"There are only two prosperous countries in Central Europe, Czecho-Slovakia and Jugo-Slavia. As I went through these countries I saw evidences of recovery and growing happiness on every side.

"But elsewhere—

"Poland especially enchained my interest for it too easily may be the source of the world's greatest sanitary catastrophe. The reasons for this are peculiar.

"It must be remembered that during the progress of the war seven hostile armies crossed Poland. In Poland dreadful wreckage of the war is plain to see on every hand in certain sections.

"Some points in the unhappy country were occupied by enemy troops as many as twenty separate times during the great war and since the great war Poland had three years of fighting the Russian bolshevists.

"When finally the Russians were driven out of Poland they burned every building in the eastern portion of the nation, drove away every head of cattle every horse and took with them, to be sent into that most terrible of all captivities, exile, three-and-a-half million Poles.

"These horrified, distracted, heart-broken people were transported to the most distant confines of the bolshevist domain.

"Later, under the treaty of Riga, the boundary of Poland was pushed eastward, far along toward Moscow. I think most Americans do not comprehend just what has happened to this Polish boundary.

"When I reached Warsaw I had in my possession what I thought was the most recent map of Poland and, because of it, believed the country's eastern boundary was within a short motor-ride of Warsaw.

"As a matter of fact it is about fourteen hours ride from Warsaw by the best east-bound trains.

"Poland is no longer a small, negligible country; it is a vast empire of great importance to America. Let us hope that its first manifestation of importance may not be that of a source of epidemic!

"Under the provisions of the treaty with Russia which gives to Poland the new territory, those prisoners, those forcibly expatriated swarms (those of them who have managed to survive) must be repatriated.

"It was decided that they should return through seven selected points onovichi, Sieniawka, Sarny, Rokitno, Karzec, Rovno and Dorusky.

Digitized by Google

"By reason of its location on the main-line of the old railway between Moscow and Warsaw Baronovichi is the chief point of re-entrance. Fifty per cent of the re-patriates come through this gate.

"Naturally, therefore, since I wished above all things to learn exact conditions, I determined to go to this point.

"There is passenger transportation thence but twice or thrice a week. I got the first train possible.

"At my destination I found no hotel; not even the crudest of facilities for care of visitors exist. But I was very comfortable, because through the Assistant Minister of Health, who had received me with open arms, the highly competent United States officials whom I found upon the ground and the admirable American Relief Administration, I was given a private car upon the railway with, next it on the train, a flat-car on which a Ford car had been loaded for my especial use.

"Quite a retinue, also, was sent with me. I had my chauffeur, my cook, a personal servant and an interpreter and a Doctor from the Ministry of Health accompanied me. I travelled in great state, but I travelled in a land of misery.

"Let me say, in passing, that the United States Government may be proud of Mr. L. J. Keena, American consul at Warsaw. He is less of a bureaucrat and more of a willing public servant than any other man I ever met in a similar position. I am proud that he is an alumnus of the same University which started me.

"He got me all these wonderful facilities and threw in a little can of an American prepared coffee. You, here at home, cannot imagine what that can of coffee meant to me.

"In describing what I found in Poland I must be careful to make sure that it is understood that I am speaking about Eastern Poland, those sections which were laid waste in the various wars.

"After fourteen hours of travel I arrived at Baronowichi, the flivver was unloaded from its flat car and I started westward toward the Russian border, bound for the refugee camp—the gate through which the tragic stream of the expatriates is filtering back into their native land.

"I arrived at the same moment that a train of refugees pulled in. The war is over, yes; but this was but a few weeks since; other trains are pulling in today, more will bring their loads of misery tomorrow and the next day and the next and so on through a dreadful length of time.

"This train was not made up of Pullman cars, but of ordinary freight cars, used indiscriminately by the Russians for transporting livestock, fertilizers, or refugees, as circumstances might dictate.

"On this train, thirteen hundred men, women and children had been indiscriminately packed with no more regard for sex and family relationships than for ventilation and other comforts. Of course, no creature comforts were provided.

"I shall not endeavor to describe the state in which the dreadful company arrived. I must mention vermin because vermin are a chief source of infection and a chief threat against the United States, even though it were these distant refugees whom they infested. Well, the principal occupation of these unhappy creatures for all their period of travel had been to try to pick the lice from one another, each one of the insects being a potential typhus-fever carrier.

"You can imagine the condition of these miserables. They had been eight months rumbling slowly across the tremendous Russian domain from those points in Eastern Siberia to which they had been exiled. Some time ago appeared an interview with Col. E. C. Gibbs who had seen such trains arrive and whose picture seemed to be too terrible to be the truth. I know, now, that he only told the facts.

"Of those who originally had started on that first train, which I saw pull in,

Digitized by Google

150 had died upon the way. It was a lucky train. Another which arrived while I was there brought just 600 refugees although it had begun the trip with 2,100.

"During the tremendous journey all these poor people had had to eat had been an average of a quarter of a loaf of bread per day per person—and such bread! It is made of peat and seeds of weeds, with, in much of it, another ingredient which I shall not mention. That was the sole food provided.

"Not an ounce of hot food or hot water had been obtainable by any person on that train during the eight months of the journey.

"The passengers, dull-eyed and listless, although the end of their great journey had come at last, struggled from the train, a curious, deadened sameness in their looks and actions; yet originally they had been of widely varying social classes. Most of them, of course, were peasants, but among them were many who had once been members of the nobility. As I saw them they were as ragged, as bare-footed, as emaciated as the others.

"And only the physically fittest had survived at all.

"The faces of the children looked as aged as those of the men and women—they looked like little centenarians, drawn, haggard, lined. The arms and legs of young and old were slender beyond your imagination, emaciated till they seemed like pipe-stems. It was a cargo of living skeletons that that train had brought

"With the assistance of the American Relief Administration food and clothing were immediately distributed. This happens every time a train comes in.

"The scenes as the refugees tumble from the cars, dazed and wondering; the expressions on their faces as they approach the steaming soup-kitchens, bearing with them every sort of receptacle with which to get the wonder-gift of the first hot food of any kind that they have had for months—all these and many other details of the drama of real life enacted constantly there near the Polish border are far beyond my powers of description. When, from this scene I thought back to my own United States, and realized the reasons which Americans possess for thankfulness I determined that I would try to cease to be a kicker.

"But a deep sense of responsibility stirred in me, too. These human wrecks were reaching the coast-zone, so to speak, from which contagion and infection at any time may travel straight to the United States.

"I had not gone to Poland to have my heart wrung by the sufferings of her returning refugees from Russia. I had gone to learn if her conditions menaced the health of the United States. There is suffering for me to find and mourn for in my own country—too much of it, more than we shall tolerate in days to come when we have grown in general intelligence.

"I had gone to Poland to discover if conditions there are really a menace to the safety and lives of the people of New York and my America.

"And I desire to say with the very greatest emphasis that the situation there in Poland menaces the world!

"I have spoken of seven points through which the refugees return to Poland. In three of these there are no hospitals of any sort. What does this mean?

"It can mean only that hundreds, even thousands, of sufferers from typhus, cholera, relapsing-fever are passed through them and permitted to mingle freely with people in the interior of Poland.

"It does not need a health commissioner to point out what this surely means to the health of the surrounding world.

"Without the slightest hesitation or the slightest reservation I predict that these diseases will sweep through Poland, cross her borders into Germany and thence sweep through Belgium, Holland and France into England. I predict that from every port in the great area whence sail ships infection will be shipped to the United States unless—

"Unless without delay we take the lead in providing proper measures of precaution there in Poland. This cleaning up and safeguarding of Poland is one of the most and possibly the most important detail of America's procedure during the next few months. I have suspected it from that which others have told me; I know it, now, myself, because of that which I with my own eyes have seen.

Digitized by Google

"The peril of unguarded points of admission from the Russian nightmare country into Poland was clear enough, and at Baronowichi the make-shift hospitals are crowded and many patients cannot find accommodation.

"Unless provisions are made speedily for inspection, delousing and hospitalization there and elsewhere, of every individual returning refugee, disease must spread. This is the universal testimony of every expert who has studied the grim situation.

"Another universally acknowledged and alarming fact is that typhus, as time passes, is becoming constantly more virulent. Such phenomena have been known before.

"I am almost afraid to venture into the field of statistics but I will mention a few figures.

"After my return to Poland I went to Geneva to confer with Dr. Rajcman, the executive head of the Health Committee of the League of Nations. He gave me a report made to the League by Professor L. Tarrassevitch indicating that in Russia, during the past four years, there have been more than four million cases of typhus, alone, to say nothing of the other plagues.

"I asked Dr. Rajcman if he credited so terrible a statement. His answer was that in his opinion it was too conservative an estimate and that the actual number of cases probably has been not slightly greater but ten times as great. His estimate is that actual deaths in Russia from this plague have numbered forty-five millions, out of a total population of 130 millions. This seems fantastic. In fact it is not beyond the bounds of reason.

"Dr. Rajcman reports that as regards cholera all the figures given out must be multiplied by twenty-five if we wish to make a good guess at the truth.

"You can see why I hesitate to issue figures. They seem too appalling for belief.

"To go back to that which I, myself, have seen. In the section which I speak of all the buildings were destroyed when the Russians were forced out, therefore, when the repatriated return, they have no homes to go to.

"Mostly they are living in covered over portions of the abandoned trenches and in the dugouts fashioned by the various contending armies. I saw one dugout in which lived a father, mother, eight children and the grandparents—to say nothing of a flock of chickens. They had been there just about three years, being unable to earn money, or find material with which to build a better home.

"Everywhere are to be seen new cemeteries filled with those who have died of plague or deprivation. In my opinion they are better off than those who lived.

"Such conditions as I have merely hinted at I found throughout the great Pinsk District. My time was limited and my investigation could not cover other territory."

"'What is the remedy?'

"All the great European experts with whom I have consulted agree that the very first essential is the erection of hospitals and delousing stations competent to care for all who come in the seven points of re-entrance from Russia into Poland.

"These hospitals need not be permanent structures, but of the temporary military type.

"In addition there should be barracks provided for the detained persons.

"To each hospital should be sent at least one trained nurse who has had good experience and speaks Polish.

"At the present rate of exchange $50,000 in American money would do everything that needs to be done at present.

"There never was an opportunity before to buy the safety of the world so cheaply.

"Are we going to risk the safety of our wives and children for the lack of $50,000?

"If the poor words that I have spoken are pondered we shall have the money in a few days after publication of this article.

"The question naturally rises; why does not the League of Nations provide this paltry sum?

"The answer is one word: Politics.

"The report of the Medical Section was immediately followed by the statement that Great Britain would contribute £100,000 if the other members of the League would offer twice as much, all put together.

"Not a penny of the latter has been offered and therefore Britain has given nothing. Great Britain cannot proceed upon her own account; she fears (and wisely) that such action might be used as a foundation for the charge that she tries to dominate the League.

Digitized by Google

"Therefore there is not the slightest hope of any contribution from any European country. Our Government cannot be expected to spend money through the League.

"Therefore the only hope I see is that private funds may be contributed. I can think of nothing more inspiring than giving, now, directly for the protection of suffering Poland, indirectly for the protection of our own nation, states, cities, homes, wives and children."

MORTALITY BULLETIN FOR THE WEEK ENDING SEPT. 2, 1922.

During the week just closed there were 987 deaths and a rate of 8.82, as compared with 1,124 deaths and a rate of 10.20 during the corresponding week of 1921, a decrease of 137 in the absolute number of deaths and 1.38 in the rate, which is equivalent (taking into consideration the increase in population) to a decrease of 154 deaths. The past week shows the lowest death rate this year with the exception of the week of July 29th, when there were 978 deaths reported and a rate of 8.74.

There were 152 deaths under one year of age, as compared with 210, a decrease of 58 deaths. At the ages five to sixty-five years there were 566 deaths, as compared with 603. The mortality at sixty-five years of age and over numbered 226, as compared with 238.

From January 1st to date 79 infants under one year of age died out of every 1,000 born, as compared with 76 deaths at the same age for the corresponding period of last year.

The death rate for the first thirty-five weeks of this year was 12.59, as compared with 11.57 per 1,000 of the population for the corresponding period of last year.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	June 10	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2
Total deaths	1284	1255	1044	1079	1091	1094	1055	978	1068	1027	1044	1050	987
Annual Death Rate	11.47	11 21	9.33	9.64	9.75	9.77	9.43	8.74	9.54	9.17	9 33	9.38	8.82
*Acute Infectious Diseases	78	74	89	24	44	24	22	29	24	16	22	21	9
Pul. Tuberculosis..	111	112	101	97	77	89	85	88	108	75	70	104	88
Influenza	2	2	4	..	2	2	2	3	1	1	2	..	2
Lobar Pneumonia..	47	56	25	28	28	21	20	25	21	24	28	22	20
Broncho Pneum. ..	72	44	41	38	34	38	32	27	27	29	38	32	28
**Violent Deaths ...	67	120	75	82	89	94	86	75	89	80	79	90	66
Deaths under 1 year.	179	164	124	130	166	158	143	167	171	163	177	173	152
Rates per 1,000 births	70.9	65.0	49.1	51 5	65.7	62.7	56.7	66.1	67 8	64.7	70.4	68.7	60 3
Deaths under 5 years	298	276	210	199	236	224	197	234	227	214	227	220	195
" 5-65 years ...	698	735	630	687	629	632	623	555	596	576	586	574	556
" 65 years and over	293	244	204	243	226	238	235	189	245	237	231	206	235

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	288	298	209	263	190	27	231	166	224	169	247	316	294
Diphtheria	246	210	167	2 2	166	140	132	134	105	120	115	107	90
Measles	1268	872	595	412	318	237	182	107	64	48	32	26	12
Scarlet Fever	159	89	104	88	55	48	51	32	25	24	29	33	26
Chickenpox	145	154	77	43	44	28	32	16	10	11	11	10	2
Influenza	18	5	9	6	1	7	8	7	9	5	8	4	4
Pneumonias	222	177	165	151	86	107	89	93	77	96	131	123	114
Typhoid Fever	7	9	18	18	15	18	23	39	20	33	35	46	45
Whooping Cough ...	93	106	100	111	75	67	98	126	86	98	95	97	85
Syphilis	225	206	294	211	162	227	169	222	197	128	151	155	135
Gonorrhoea	114	113	125	72	101	166	118	159	154	72	71	72	143
Poliomyelitis	..	1	1	..	2	1	1	5	4	8	8	5	5
Cerebro-spinal Meningitis	7	1	1	8	1	2	5	3	4	2	2	5	3
	2787	2241	1860	1590	1211	1312	1184	1109	979	854	935	1016	965

Mortality Summary for the Week Ending Saturday Noon, September 2, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	528	446	440	1051	420	44	11 99	10 24	9 65
The Bronx	732,016	809,536	118	115	117	297	48	11	7.91	7 41	7 54
Brooklyn	2,018,356	2,117,227	358	328	358	960	263	40	8 99	8 08	8 70
Queens	469,042	516,683	92	75	77	221	42	5	9.65	7 57	7 77
Richmond	116,531	124,400	33	23	20	49	22	2	14 20	9 65	8.39
Total	5,620,048	5,839,738	1124	987	987	2678	795	102	10 20	8 82	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-five weeks of this year there were 49,287 deaths, a rate of 12.59 per 1,000 population. During the corresponding weeks of last year there were 44,622 deaths, a rate of 11.57 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	1	34	..	..	..	16	16	31	27	5	4	28	79	96	266	84
The Bronx	1	23	..	..	..	3	2	3	2	..	..	5	7	7	77	31
Brooklyn	2	16	..	2	..	9	11	18	16	4	..	26	58	70	173	85
Queens	2	9	..	..	..	1	4	8	8	1	1	6	11	16	38	21
Richmond	..	6	..	..	..	1	3	1	1	..	..	1	2	6	12	5
Total	6	88	..	2	..	30	26	61	54	10	5	61	152	195	566	226

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	71	68 1	24	23.0	11	13	88	21.4	25	6 1	..	.
The Bronx	13	45 0	4	18.9	2	2	13	8.8	4	2.6	1	0 6
Brooklyn	55	58 0	15	15.8	7	8	72	17.0	17	4.0	2	0.5
Queens	11	59 1	3	16 1	..	3	16	15.5	7	6 8	2	1.9
Richmond	2	35 8	..	....	..	..	6	23 2	1	4.4	..	
City of New York.	152	60 3	46	18 2	20	26	195	17 5	54	4.8	5	0 5

During the first thirty-five weeks of this year 6,987 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 6,761 died, a rate of 76. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 8-26-'22.	33	77	8	16	16	51	5	19	5	8	..	4	..	..	..	105	..	575	72	989
Admitted	8	10	..	7	4	2	..	4	..	..	..	1	..	..	..	12		20	1	69
Discharged	4	20	1	12	1	7	2	3	1	2	..	2	..	..	..	14	.	24	..	93
Died	1	1	..	..	..	1	..	1	..	..		1	..	..	..	..	..	.	3	8
Rem'g 9-2-'22.	36	66	7	11	19	45	3	19	4	1		2	..	..	..	103	.	571	70	957
Total treated	41	87	8	23	20	53	5	23	5	8		5	..	..	..	117		595	73	1058

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	987	1124	548	439	152	19	24	195	44	71	191	289	28
1. Typhoid Fever	3	3	1	2	..	..	..	..	..	1	2	..	-
2. Malarial Fever	..	..	..	..	..	..	..	..			..	..	-
5. Measles	1	2	1	..	1		..	1					-
6. Scarlet Fever	1	..	..	1	..	..	..	..	1	..	..	..	-
7. Whooping Cough	3	11	1	2	2		1	3				..	-
8. Diphtheria	1	2	..	1	..	1	..	1		..			-
9. Influenza	2	3	2	..	..	..	..	..	..	..	..	2	..
Poliomyelitis	2	3	..	2	1	1		2			..	..	..
12. Other Epidemic Diseases	4	2	3	1	1	1	1	3	..			..	1
13. Pulmonary Tuberculosis	88	94	50	38	..	..	..	..	2	23	45	11	2
14. Tbc. Meningitis	3	5	2	6	..	..	1	1	3	3	1	..	.
15. Other forms Tbc.	3	6	4	4	..	1	..	1	..	3	3	..	1
16. Cancer, Malignant Tumor	105	97	50	55	..	..	..	..	..	1	15	53	35
17. Simple Meningitis	3	3	..	3	..		1	1	..	..	1	1	..
17a. Cerebro-spinal Meningitis	..	5	..	..	..	..	..	..	..	..	..		..
18. Apoplexy, Softening of the Brain	2	14	1	1	..		..	..	..	..	1		1
19. Organic Heart Diseases	197	182	109	88	..	..	..	..	4	3	26	71	93
20. Acute Bronchitis	..	2	..		..	..	..	..		..	..		..
21. Chronic Bronchitis	1	3	..	1		..	1	1	..			..	..
22. Lobar Pneumonia	30	38	22	8	7	..	1	8	3	2	7	8	2
22a. Broncho Pneumonia	36	46	25	11	15	2	8	25			..	3	9
23. Other Respiratory Diseases	2	6	2	..	..	..	..	..	..	..	1	1	..
24. Diseases of the Stomach (Cancer excepted)	4	8	3	1	1	..	..	1	1	..	2	..	
25. Diarrhoeal Diseases (under 5 years)	54	75	28	26	46	6	2	54	..	..			..
26. Appendicitis and Typhilitis	16	21	13	3	.		2	2	6	1	5	2	..
27. Hernia, Intestinal Obstruction	10	14	6	4	2	..	..	2	.	.	..	4	4
28. Cirrhosis of Liver	7	5	4	3		..	..	..			1	1	5
29. Bright's Disease and Nephritis	60	76	28	32	..	..	.	..		3	9	31	17
30. Diseases of Women (not Cancer)	5	6	..	5			..			1	3		1
31. Puerperal Septicaemia	2	3		2		..				1	1	..	
32. Other Puerperal Diseases	9	5		9						2	6	1	
33. Congenital Debility, and Malformations	66	84	40	26	64	1	1	66	..				
34. Old Age	7	7	4	3			..						7
35. Violent Deaths	66	71	51	15	3	1	3	7	13	3	18	13	7
a. Sunstroke	..	1	..	..	..	..	.	..		..	..		
b. Other Accidents	61	61	47	14	3	1	3	7	13	6	15	13	7
c. Homicide	5	9	4	1	..	..	..	..	..	2	3	..	
36. Suicide	10	21	6	4	..	..				1	3	6	
*37. All other causes	171	192	89	82	9	5	2	16	11	3	38	52	46
38. Ill-defined causes	3	4	3	..	..	..	..	..	..	..	3	..	

Deaths in Institutions,	435	Mean temperature,	68.9 deg. Fahr
Mean barometer,	29.90	Minimum temperature,	59.0 deg. Fahr
Mean humidity,	77.9	Maximum temperature,	83.0 deg. Fahr.
Precipitation,	1.25		

†If the deaths under one month, numbering 85 from all causes, be deducted from the total deaths under one year, the resulting rate will be 34 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 2, Diabetes 22, Alcoholism 0, Locomotor Ataxia 1, Paresis 3, Arterio-sclerosis 42, all other congenital causes 9.

25a-2022-22-0°C

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. SEPTEMBER 16, 1922. No. 37.

TYPHOID CARRIERS AND THEIR CONTROL IN NEW YORK CITY.

Perhaps the most important step made by the Bureau of Preventable Diseases of the Department of Health during the last year, was the formation of a definite set of regulations for the supervision of typhoid fever carriers. Heretofore, the Department attempted to control such cases without having any well formulated policy and without having any legal sanction for its various requirements. The new regulations mark a definite step in advance.

Rules for Typhoid Carriers.

1. You must not have anything to do with food or drink to be used by others, either in your business or at home. Don't go to the ice box or refrigerator. Don't hand anything at the table. Have your own plates, cups, glasses, spoons, forks, etc., separate from the others, and washed and kept for you alone. If you happen to leave any food or drink, it must be thrown out and not be used by others.

2. Every movement from your bowels not passed into a toilet flushed with water and connected with a sewer, must be disinfected. Keep a supply of good disinfectant such as chloride of lime, cresol, etc., on hand for this purpose. When a toilet with running water is used, thoroughly clean the bowl daily.

3. After using the toilet wash your hands with plenty of soap and water. Do this every time. Dry your hands well. Do not let other people use your towel.

4. Do not have a movement of your bowels except at a regular toilet. Try not to use the toilet when away from home during the day. If you have only an out-door privy to use, keep it disinfected all the time with quick lime, and screened from flies.

5. Keep yourself and everything about you very clean. Disinfect your under-clothing before sending it to the laundry.

6. Every person with whom you live must be immunized against typhoid fever.

7. Keep the Department of Health informed of your whereabouts. Call for a personal talk and advice as to treatment or help in some other way. See that your stools are re-examined from time to time.

Digitized by Google

In this connection the tabulation of 107 chronic typhoid carriers found in New York City, given herein, may not be without interest. The cases are numbered serially for each borough. The table gives the age of the carrier, the date when typhoid fever was contracted, the date when the individual was discovered to be a carrier and the occupation:

Chronic Typhoid Carriers in New York City.

Manhattan.

	Age	Date Typhoid was Contracted	Date Discovered to be a Carrier	Occupation
1	49	1890	1921	Housework
2	62	1890	1920	Housework
3	28	1914	1918	Housework
4	39	1915	1920	Caretaker
5	35	1920	1920	Salesman
6	65	....	1915	Housework
7	60	1913	1916	Housework
8	36	1914	1921	Housework
9	45	1919	1919	Housework
10	55	1894	1919	Foreman (Pavement)
11	56	1913	1921	Housework
12	60	1888	1918	Housework
13	40	1917	1917	Insane
14	35	1914	1919	Housework
15	76	1869	1917	Housework
16	45	1920	1920	Housework
17	..	1908	1921	Kitchen Worker
18	40	1912	1921	Maid (not employed)
19	27	1921	1921	Housework
20	53	1920	1920	Housework
21	20	1920	1920	Housework
22	..	1917	1917	Salesman
23	12	1912	1916	Pupil (public school)
24	45	1910	1916	Housework
25	41	....	1921	Laborer
26	33	1920	1920	Housework
27	40	1917	1918	Cleaner
28	50	1913	1918	Cleaner
29	50	....	1907	Inmate—R. H.
30	70	....	1921	Cleaner
31	25	1920	1920	Salesman
32	46	1916	1916	Housework
33	10	1913	1920	Pupil (public school)
34	45	1900	1920	Prison Keeper
35	53	1902	1920	Elevator Runner
36	35	1919	1919	Housework
37	30	1918	1919	Housework
38	30	1917	1917	Insane
39	65	1912	1915	Housework
40	50	....	1921	Housework
41	36	1908	1920	Housework
42	54	1919	1919	Laborer
43	58	1917	1917	Housework
44	45	1917	1917	Insane

The Bronx.

1	24	1918	1918	Paper Boxes
2	30	1918	1918	Carpenter
3	44	1902	1920	Ticket Agent
4	26	1919	1919	Housework
5	38	1918	1918	Housework
6	36	1916	1918	Housework
	45	1909	1918	Housework

Digitized by Google

	Age	Date Typhoid was Contracted	Date Discovered to be a Carrier	Occupation
8	..	1903	1920	Housework
9	9	1921	1921	.....
10	30	1921	1921	Housework
		Brooklyn.		
1	32	1920	1920	Housework
2	35	1919	1919	Housework
3	..	1879	1919	Housework
4	..	1906	1921	Housework
5	57	1921	1921	Housework
6	65	....	1921	Laundress
7	50	1920	1920	Housework
8	51	1900	1921	Housework
9	38	1917	1917	Housework
10	60	1917	1917	Housework
11	31	1916	1916	Housework
12	55	....	1915	Insane
13	35	....	1917	Insane
14	63	1920	1920	Housework
15	47	1917	1917	Housework
16	40	1917	1917	Housework
17	45	1917	1917	Housework
18	35	1920	1920	Housework
19	70	1885	1920	Glass Manufacturer
20	60	1914	1917	Housework
21	35	1915	1917	Housework
22	60	1892	1917	Housework
23	41	1912	1921	Housework
24	36	1919	1919	Housework
25	25	1917	1917	Housework
26	26	1921	1921	Housework
27	45	1920	1920	Policeman
28	45	....	1914	Plumber
29	35	1919	1919	Housework
30	50	1920	1920	Housework
31	55	1907	1907	Housework
32	49	1917	1917	Housework
33	46	1921	1921	Housework
34	60	....	1916	Housework
35	44	1919	1919	Insurance Agent
		Queens.		
1	30	1909	1921	Housework
2	40	1916	1916	Boathand
3	60	1889	1920	Housework
4	39	1920	1920	.....
5	43	1920	1920	Housework
6	60	1907	1917	Housework
7	40	1919	1919	Auto Company
8	45	1920	1920	Leather Goods
9	22	1920	1920	Leather Goods
10	40	1913	1916	Telephone Company
11	36	1920	1920	Post Office Clerk
12	50	1902	1921	Housework
13	55	1918	1918	Detective
14	50	1915	1915	Housework
		Richmond.		
1	30	1917	1917	House Wife
2	54	1916	1917	Housework
3	70	1917	1917	Housework
4	45	1917	1917	Housework

Digitized by Google

Attention should be called to the fact that one of these chronic typhoid carriers had contracted the disease 49 years before the date of discovery. Fifty-five of these cases were discovered in the course of examinations of stools for the termination of quarantine. Only nine of the carriers denied a history of a previous attack of typhoid fever. The great majority, 78, were individuals of middle age, occupied as housekeepers. During the year 1921, 21 chronic carriers were discovered; 6 of these were foodhandlers. It is extremely interesting to note that 13 of our chronic carriers were discovered through the examination of stools from members of families where an active case of typhoid fever existed. All these individuals gave a history of having had typhoid fever.

During the year 1921, we followed the history of five chronic carriers who had submitted to extirpation of the gall bladder for the relief of the carrier condition all of them without success.

It is also interesting to record that in a family in which a chronic typhoid carrier lived, immunization had been offered and accepted by all members of the family with but one exception. This individual subsequently came down with an attack and died.

DEATH OF DR. STEPHEN SMITH.

The death of Dr. Stephen Smith, within 6 months of the completion of his hundredth year, was a recent news item of much interest to all physicians, especially those connected with public health activities in New York, of which Dr. Smith was recognized as the father.

Dr. Smith died at the home of his son-in-law, at Montour Falls, after an illness of a few days from conditions incident to his great age. Conscious until near the end, Dr. Smith commented to attending physicians upon the medical aspects of his case.

Dr. Smith was born at Spafford on Skaneateles Lake, February 19, 1823. He was graduated from Columbia College of Physicians and Surgeons in the class of 1850, of which he was for many years the only surviving member. He was in active practice for more than half a century.

Last June, his Alma Mater bestowed upon him the degree of Doctor of Science, the highest honor in the gift of the university. He went to New York City, attended the commencement exercises, received the degree in person and made an address.

Dr. Smith founded the American Public Health Association. He conducted the investigations of sanitary conditions in this city more than half a century ago with the result that legislation was enacted creating the Health Department. Dr. Smith was the first Health Commissioner of this city.

DEATH FROM TETANUS FOLLOWING INJECTIONS BY HEROIN ADDICT.

The patient, A. D., male, aged 28 years, single, born in Italy, seventeen years in New York City, was brought by an ambulance to Harlem Hospital on June 7, 1922, and died the same day. The patient was referred to the hospital by Dr. Manzella, of 24 East 116th Street, who had seen him for the first time on this day.

The patient lived in a six family tenement house with a family of eight persons. He was employed steadily in a butcher shop. He became addicted to the use of heroin two years ago, and at first used this drug by snuffing it up. Two years ago, the patient had himself committed to Riker's Island, where, after a ninety day period of treatment, he was pronounced cured. However, he soon returned to the habit and, at the time of

Digitized by Google

his admission to the hospital, he was taking eight grains of heroin daily. The source of his supply was not revealed. His sister said that he had used an "eye-dropper" to inject the drug under the skin. Whether a needle, nail, or other sharp pointed instrument was also used she did not know.

Upon patient's admission to the hospital, his body was found covered with innumerable abscesses, over arms and lower extremities. There was marked trismus. Examination of body, exclusive of conditions enumerated, was negative.

Convulsive seizures lasting about five seconds were frequent, the patient becoming cyanosed. Upon admission, his pulse was 56; respiration, 28; and temperature, 107. There was moderate rigidity of muscles.

The patient was given fifteen minims of Magendie's solution, at 5.15 P. M. A spinal tap was made, and 25 c.c. of clear fluid, under increased pressure, was removed. At 6.50 P. M., 20,000 c.c. tetanus antitoxin was injected, intraspinally, and 20,000 c.c., intravenously. The spinal fluid examined showed: glucose reduction, normal; globulin, normal; cell count, one; smear, negative.

MORTALITY BULLETIN FOR THE WEEK ENDING SEPTEMBER 9, 1922.

Beginning with the week ending July 29, the mortality sheets—in sharp contrast with those of almost every week from January 1—have shown material decreases. The week just closed, that of September 9, in like manner shows a considerable decrease in the number of deaths reported, 999, and a rate of 8.92, as compared with 1,059 and a rate of 9.61 per 1,000 of the population in the corresponding week of 1921, a decrease of 60 deaths in the absolute figures as compared with a relative decrease of 77 deaths when the increase in the population is taken into consideration.

Not a death occurred during the week from encephalitis lethargica, measles, influenza and acute bronchitis. In the corresponding week of 1921, 4 deaths were reported from encephalitis lethargica; none from measles; 1 from influenza and 3 from acute bronchitis. The most pronounced decreases in individual causes were a decrease of 22 deaths from diarrhoeal diseases under five years of age; diseases of the nervous system a decrease of 12; one of 11 deaths from lobar pneumonia; and from violence a decrease of 22. Cancer showed an increase of 7 deaths; organic heart and kidney diseases 3 deaths; pulmonary tuberculosis 15 deaths; other tuberculous diseases 6 deaths.

There were 156 deaths reported among infants under one year of age as compared with 177, a decrease of 21. The great saving in lives during the week was the decrease of 52 deaths among children under five years of age; between five and sixty-five years of age there was a decrease of 5 deaths and at sixty-five years of age and over a decrease of 3 deaths. It will be remembered that during the first seven months of the year the mortality was considerably above that of the corresponding period in 1921, due to the very extensive and virulent epidemic of measles which prevailed at the time and the very severe type of influenza prevailing in the early months of the year. Up to date the increase in the death rate over that of the corresponding period of 1921 has not been entirely wiped out, there being still an increase of .9 of a point per 1,000 which must be overcome before the rates are the same, but from the trend of the mortality during the past six weeks we are encouraged in the hope that the year 1922 will show as low, if not a lower, death rate than the lowest on record, that of 1921.

In regard to infant mortality, up to the present time the rate from January 1 to date is three points over that of last year, and every effort will be made by the Bureau of Child Hygiene to wipe out this difference.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.
3rd Floor, 505 Pearl Street
Open to the general public for reference use.
Material will be loaned to persons on the payroll of the City.

ANTHRAX.—Smyth, H. F. The anthrax hazard in Pennsylvania tanneries. (Am. J. Hygiene, July, 1922. pp. 346-367, tables, charts.)

BOTULISM.—Savage, W. G. Botulism and canned fruits and vegetables. (Med. Officer, July 15, 1922. pp. 23-24.)

DRUG ADDICTS.—The treatment of drug addiction at the correctional hospitals in New York City. (Journal of the American Institute of Criminal Law and Criminology. May, 1922. pp. 122-126.)

INFLUENZA.—Jorden, E. O. Interepidemic influenza. (Am. J. Hygiene, July, 1922. pp. 325-345, tables.)

OLEOMARGARINE.—Funk, C. Status of oleomargarine in nutrition. Nation's Health, July, 1922. pp. 393-396.)

ORAL HYGIENE.—Cohen, S. A. Oral disorders in pediatrics. (Am. J. Dis. Child. August, 1922. pp. 160-170.)

SCARLET FEVER.—Mixsell, H. R. Some diagnostic points in scarlet fever; an analysis of fifteen hundred cases of scarlet fever. (N. Y. Med. J. & M. Rec. August 2, 1922. pp. 159-161.)

SCHOOL CHILDREN.—Kibur, N. R. A program for the health supervision of the school child. (Pub. Health Nurse, August, 1922. pp. 391-395.)

SMALLPOX.—Hines, L. E. The bacteriology of the skin lesions in smallpox. (J. Infec. Diseases, August, 1922. pp. 89-91, tables.)

STERILIZATION, DRINKING UTENSILS. Van Saun, A. I., and others. Proper cleansing of glassware and other utensils in public drinking places. (Am. J. Pub. Health, August, 1922. pp. 669-673, tables.)

TUBERCULOSIS.—Craig, F. A. Tuberculosis as it affects the industrial worker. (J. Ind. Hyg., August, 1922. pp. 170-176, tables.)

TYPHOID CARRIERS.—Gehlen, J. N. Detection of typhoid carriers; report of four outbreaks. (A. M. A. J., Aug. 12, 1922. pp. 516-519, tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	June 17	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9
Total deaths	1255	1044	1079	1091	1094	1055	978	1068	1027	1044	1050	987	989
Annual Death Rate	11.21	9.33	9.64	9.75	9.77	9.43	8.74	9.54	9.17	9.33	9.38	8.82	8.83
*Acute Infectious Diseases	74	39	54	44	24	22	29	24	16	22	21	9	13
Pul. Tuberculosis..	112	101	97	77	89	85	88	108	75	70	104	88	92
Influenza	2	4	..	2	2	2	3	1	1	2	..	2	..
Lobar Pneumonia..	56	25	28	28	21	20	25	21	24	28	22	20	22
Broncho Pneum. ..	44	41	38	34	38	32	27	27	29	38	32	26	25
**Violent Deaths ...	120	75	82	89	94	86	75	89	80	79	90	66	62
Deaths under 1 year.	164	124	130	166	158	143	167	171	163	177	173	152	155
Rates per 1,000 births	65.0	49.1	51.5	65.7	62.7	56.7	66.1	67.8	64.7	70.4	68.7	60.3	62.0
Deaths under 5 years	276	210	199	236	224	197	234	227	214	227	220	195	196
" 5-65 years ...	735	630	637	629	632	623	555	596	576	586	574	556	601
" 65 years and over	244	204	243	226	238	235	189	245	237	231	246	226	192

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	298	209	263	190	27	231	166	224	169	247	316	284	179
Diphtheria	210	167	212	166	140	132	134	105	120	115	107	60	83
Measles	872	595	412	313	237	182	107	64	48	32	35	18	13
Scarlet Fever	89	104	88	55	43	51	32	25	24	29	33	26	25
Chickenpox	154	77	43	44	23	32	16	10	11	11	10	9	16
Influenza	5	9	6	1	7	3	7	9	5	8	4	4	4
Pneumonias	177	165	151	86	107	89	93	77	96	131	133	114	95
Typhoid Fever	9	13	18	15	18	23	39	20	33	35	46	46	34
Whooping Cough ...	106	100	111	75	67	98	126	86	98	95	97	85	86
Syphilis	206	294	211	162	227	169	222	197	168	151	155	225	188
Gonorrhoea	113	125	72	101	166	118	159	154	72	71	72	143	134
Poliomyelitis	1	1	..	2	1	1	5	4	8	8	5	8	9
Cerebro-spinal Meningitis	1	1	3	1	2	5	3	4	2	2	5	3	3
Total	2241	1860	1590	1211	1312	1134	1109	979	854	935	1018	1025	870

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, September 9, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	468	432	400	1182	1004	46	10 61	9.92	9.19
The Bronx	732,016	809,586	116	100	111	256	83	11	7.77	6 44	7.15
Brooklyn	2,018,356	2,117,227	347	348	378	758	477	50	8.71	8 58	9.19
Queens	469,042	516,688	95	81	88	206	102	7	9.96	8 18	8.88
Richmond	116,581	124,400	88	88	82	48	17	1	16 85	15 94	13.42
Total	5,620,048	5,839,788	1059	999	999	2400	1683	115	9.61	8 92	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-six weeks of this year there were 50,286 deaths, a rate of 12.48 per 1,000 population. During the corresponding weeks of last year there were 45,681 deaths, a rate of 11.51 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Disease, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	5	88	..	..	..	14	17	25	25	11	..	26	72	88	261	88
The Bronx	..	24	..	..	..	2	3	..	..	..	..	4	5	10	74	16
Brooklyn	1	21	2	..	..	5	11	21	20	3	3	21	61	76	195	77
Queens	2	6	..	..	..	1	5	3	3	1	.	4	13	17	49	15
Richmond	..	9	..	..	..	1	..	3	3	1	1	3	5	5	22	11
Total	8	98	2	..	..	23	36	52	51	16	4	58	156	196	601	202

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	66	58.8	22	21.1	14	10	88	20 2	23	5.6	4	1.0
The Bronx	9	31 2	1	8.5	..	..	13	8.3	1	0.6	..	....
Brooklyn	62	65 7	18	19.1	4	13	77	18 2	21	4.9	..	....
Queens	14	75.1	2	10.7	..	2	18	17 4	3	2.9	1	1.0
Richmond	5	89 7	3	53 8	..	3	5	21 9	3	13.1		..
City of New York.	156	62 0	46	18 3	18	28	196	17 5	51	4.6	5	0 5

During the first thirty-six weeks of this year 7,141 infants died, a rate of 79. per 1,000 births. During the corresponding weeks of last year 6,938 died, a rate of 76. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 9-2-'22..	86	66	7	11	19	45	8	19	4	1	..	2	..	..	..	103	..	571	70	967
Admitted	13	13	..	8	2	6	..	5	..	..	..	..	..	..	..	13	..	13	..	64
Discharged ..	5	21	1	5	4	12	..	11	1	1	..	..	..	..	..	10	..	29	1	101
Died	1	1	..	1	1	..	..	..	..	..	..	..	..	..	..	1	..	1	..	6
Rem'g 9-9-'22.	84	57	6	13	16	39	8	13	3	..		2	..	..	..	105	..	554	69	914
Total treated	40	79	7	19	21	51	8	24	4	1	.	2	..	..	..	116	..	584	70	1021

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and upwards
All causes	999	1059	550	449	156	22	18	196	50	54	188	309	222
1. Typhoid Fever	5	6	4	1		..	..	..	1	2	1	1	
2. Malarial Fever	..	..	..	..	..	..	.	..	..		.	..	
5. Measles	..	..	..	..	..		..	..					
6. Scarlet Fever	2	..	2	..	..	..	1	1	1	..	..	.	
7. Whooping Cough	2	8	1	1	..		2	2				..	
8. Diphtheria	4	8	2	2		1	1	2	2	..			
9. Influenza	..	1	..	..	..	..	..		..	..	..	.	
Poliomyelitis	3	9	3	..	..	1		1	1	1	..		
12. Other Epidemic Diseases	2	3	1	1	1	1		2	..				
13. Pulmonary Tuberculosis	98	83	59	39	..	..	1	1	2	21	48	22	4
14. Tbc. Meningitis	5	..	4	1	..	..	3	3	1	1	..	.	
15. Other forms Tbc.	4	3	3	1			..	..	..	..	3	1	
16. Cancer, Malignant Tumor	114	107	50	64	..	..	..	..	1	..	17	71	25
17. Simple Meningitis	..	3	..	..	..		..	..	..	..	..	..	
17a. Cerebro-spinal Meningitis	2	2	1	1	1		..	1	..	1	..		
18. Apoplexy, Softening of the Brain	2	12	2	..	..	1	..	1		..	1	..	
19. Organic Heart Diseases	176	176	86	90	..	..	..	..	9	3	23	69	72
20. Acute Bronchitis		3	..		.	..	..	..		..	..	..	..
21. Chronic Bronchitis	2	3	1	1	1	..		1	..		..	..	..
22. Lobar Pneumonia	23	34	15	8	4	..	2	6	1	2	4	7	3
22a. Broncho Pneumonia	36	36	19	17	22	5	2	29	1	1	1	3	1
23. Other Respiratory Diseases	7	4	4	3		1	..	1	..	1	1	2	2
24. Diseases of the Stomach (Cancer excepted)	4	6	4	..	..	..	..	..	..	..	..	4	..
25. Diarrhoeal Diseases (under 5 years)	51	78	30	21	46	4	1	51	..	..	.		..
26. Appendicitis and Typhilitis	19	13	11	8		..	1	1	1	4	8	5	.
27. Hernia, Intestinal Obstruction	16	15	11	5	2	..	1	3	..	..	2	6	5
28. Cirrhosis of Liver	7	4	4	3		..	..	..		1	1	2	3
29. Bright's Disease and Nephritis	65	63	26	39	1	..	1	2	3	1	9	32	18
30. Diseases of Women (not Cancer)	1	6	..	1		..	..				1	.	.
31. Puerperal Septicaemia	2	1		2		..		..		..	2	..	
32. Other Puerperal Diseases	11	8		11	..		..		..	3	8	..	
33. Congenital Debility, and Malformations	68	82	36	27	62	1	..	63	..	..	..		
34. Old Age	10	3	5	5			..	..	..	.	..	1	9
35. Violent Deaths	62	87	48	14	1	1	1	3	16	4	19	9	9
a. Sunstroke	..	2	..	..	.	..	..	..	..	..	..	..	
b. Other Accidents	58	79	45	13	1	1	1	3	16	4	18	8	9
c. Homicide	4	6	3	1	..	..		..	..	.	3	1	.
36. Suicide	16	15	10	6	..	..		..		1	6	8	1
*37. All other causes	183	181	106	77	15	6	1	22	10	6	20	66	49
38. Ill-defined causes	2	1	2	..	..	..	..	..	..	1	1	..	..

Deaths in Institutions,	467	Mean temperature,	71.4 deg. Fah.
Mean barometer,	29.94	Minimum temperature,	61.0 deg. Fah.
Mean humidity,	78.6	Maximum temperature,	93.0 deg. Fah.
Precipitation,	1.59		

†If the deaths under one month, numbering 65 from all causes, be deducted from the total deaths under one year, the resulting rate will be 36 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 5, Diabetes 16, Alcoholism 7, Locomotor Ataxia 1, Paresis 8, Arterio-sclerosis 42, all other congenital causes 9.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. SEPTEMBER 23, 1922. No. 38.

CREATION OF NEW DIVISION OF VETERINARY INSPECTION IN THE DEPARTMENT OF HEALTH.

At a meeting of the Board of Health of the Department of Health held August 10, 1922, the following resolution was adopted:

Resolved, That a new Division of the Department of Health be, and it is, hereby created to be known as the Division of Veterinary Inspection, and that it be charged with the duties of investigation and enforcement of all veterinary activities coming within the provisions of the Sanitary Code, and that it report directly and be responsible to the Deputy Commissioner and the Sanitary Superintendent:

Resolved, That all veterinarians at present assigned to the Bureau of Preventable Diseases, Bureau of Food and Drugs, and the Bureau of Laboratories, be and they hereby are transferred to the Division of Veterinary Inspection.

Resolved, That Aaron Silkman, D. V. S., be, and he is, officially designated Chief Veterinarian of the Department of Health, assigned as administrative head of the Division of Veterinary Inspection.

Resolved, That the Acting Commissioner of Health be, and he is, empowered and given full authority to organize the Division of Veterinary Inspection.

A true copy.

CHARLES L. KOHLER,
Secretary.

Organization of the New Division.

By virtue of the authority conferred upon the Deputy Commissioner by the Board of Health at a meeting held August 10, 1922, empowering him to organize the Division of Veterinary Inspection, the following outline of organization and instructions in connection therewith were promulgated and made effective August 31, 1922:

1. The Division of Veterinary Inspection shall embrace and assume control of the veterinary activities of the Department at present divided between the Bureaus of Preventable Diseases, Foods and Drugs, and Laboratories.

2. All records together with the filing cabinets, etc., pertaining to veterinary activities now on file in the various bureaus shall be transferred to the custody of the Division of Veterinary Inspection.

Digitized by Google

3. In all Boroughs, except Manhattan, the clerical work will operate under the supervision of the Assistant Sanitary Superintendent, who will designate sufficient clerical assistance through the Assistant Chief Clerk to properly and efficiently perform the necessary duties.

4. The Secretary of the Department will arrange to assign suitable and sufficient office space in the Borough offices to properly carry on these activities. The executive office of this Division is to be located on the fifth floor of the headquarters building.

5. All veterinarians including those assigned to duties in conjunction with other bureau activities will report directly and submit daily special and other reports to the Division of Veterinary Inspection for review by the Chief Veterinarian and if necessary for the proper conduct of the Department, such reports, etc., will be promptly transmitted, through official channels, for the information or action of the bureau concerned.

This plan or outline of organization co-ordinating the veterinary activities of the Department will greatly increase the efficiency and usefulness of this service.

EXAMINATION OF FOOD HANDLERS IN NEW YORK CITY.

During the past year, the foodhandler activities of the Bureau of Preventable Diseases have continued along the lines established previously.

The work has well vindicated its usefulness, and a study of the following table, showing the activities of the occupational clinics in the respective Boroughs, especially with respect to the Manhattan Occupational Clinic, will furnish sufficient proof that this work, fragmentary as it is (for it enables us to inspect only about 10 per cent of the foodhandlers in the City), has nevertheless, yielded a large amount of information, and given great opportunity for the prevention of the spread of communicable diseases. Thirty-two cases of active pulmonary tuberculosis, and 18 inactive cases, were discovered in the course of the year in the Manhattan Occupational Clinic alone. In the Bronx, only 3 active and 7 inactive cases were discovered. In Brooklyn, 4 active cases and 93 inactive ones were discovered; and, in Queens only 2 inactive cases were brought to light. The Borough of Richmond has made no appreciable contribution to this work. In addition, 11 active, and 55 inactive cases of syphilis were found in Manhattan, and 15 active and 76 inactive cases were found in Brooklyn. Ten active gonorrhoea cases were discovered in Manhattan, and one in Brooklyn. One case suffering from chancroid was found in Manhattan.

What is even more important than the above is that five typhoid carriers were found in Manhattan, and 2 in Queens, in the course of the year. One might thus, go on indefinitely elaborating the contributions made by the occupational clinics of the Department of Health to the health of the City, in the examination of 29,449 waiters, cooks, bakers, and other foodhandlers. Much, too, might be said about the service rendered such foodhandlers, in pointing out the existence of physical defects, or illness, to prevent further development.

During 1921, practicing physicians in the City examined 66,432 foodhandlers. In the Borough of Manhattan, alone, private physicians examined 55,051 cases, in other words, about twice as many as were examined in all the clinics operated by the Department. However, these physicians discovered but 4 cases of active tuberculosis and 11 inactive cases, as against 39 active cases and 120 inactive cases of tuberculosis found in our clinics. They found but six active cases of syphilis, and 15 inactive cases, as against 30 active and 131 inactive cases found among half the number examined at our clinics.

Digitized by Google

Examination of Foodhandlers, New York City, 1921.

F. stands for Foodhandlers. B. stands for Bakers.

	Activities of Occupational Clinics:											Activities of Private Physicians:					
	Man.		Bronx.		Bklyn.		Queens		Rich.		Total	Man.	Bronx	Bklyn.	Queens	Rich.	Total
	F.	B.	F.	B.	F.	B.	F.	B.	F.	B.							
Tbc., Active	23	4	3	0	3	1	0	0	0	0	39	4	0	0	0	0	4
Tbc., Inactive	17	1	5	2	56	37	2	0	0	0	120	11	0	0	0	0	11
Other Lung Dis.	12	12	0	0	77	76	0	0	0	0	177	0	0	0	0	0	0
Syphilis, Active	14	1	0	0	13	2	0	0	0	0	30	0	0	0	0	0	0
Syphilis, Inactive	49	6	0	0	64	12	0	0	0	0	131	15	0	0	0	0	15
Gonorrhoea, Active	10	0	0	1	0	0	0	0	0	0	11	3	0	0	0	0	3
Gonorrhoea, Chronic	3	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0
Chancroid	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Typhoid Carrier	5	0	0	0	0	0	2	0	0	0	7	0	0	1	0	0	1
Non-Typhoid Carrier	357	31	0	0	78	16	0	0	4	0	486	113	0	0	0	0	113
Scabies	16	8	1	0	15	7	0	0	0	0	47	1	0	0	0	0	1
Pediculosis	4	0	0	0	3	2	0	0	0	0	9	0	0	0	2	0	2
Favus	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Ringworm	5	1	0	0	3	0	1	0	0	0	10	0	0	0	0	0	0
Lab. Findings:																	
Sputum, Negative	185	41	128	24	59	39	8	0	3	0	487	20	0	3	0	0	23
Sputum, Positive	30	4	3	0	3	1	0	0	0	0	41	3	0	0	0	0	3
Wassermann, Neg.	184	20	0	0	50	10	2	0	0	0	266	67	2	4	4	0	77
Doubtful	17	1	1	0	10	0	0	0	0	0	29	17	0	0	0	0	17
1 Plus	18	2	0	0	1	0	0	0	0	0	21	4	0	0	0	0	4
2 Plus	9	0	0	0	2	0	0	0	0	0	11	3	1	0	0	0	4
3 Plus	2	0	0	0	2	1	0	0	0	0	5	2	0	0	0	0	2
4 Plus	20	2	0	0	10	2	0	0	0	0	34	11	2	0	0	0	13
Gon. Smears, Neg.	15	0	0	0	0	0	0	0	0	0	15	0	0	1	0	0	1
Gon. Smears, Pos.	4	0	0	0	1	0	0	0	0	0	5	2	0	0	0	0	2
Widal, Negative	307	20	0	0	67	11	3	0	0	0	408	106	0	10	0	0	116
Widal, Positive	1	0	0	0	6	0	0	0	0	0	7	0	0	0	0	0	0
Stools, 1st Neg.	356	21	0	0	76	15	1	0	4	0	473	29	0	0	0	0	29
Stools, 1st Pos.	2	0	0	0	0	0	0	0	0	0	2	0	0	1	0	0	1
Stools, 2nd Neg.	101	11	0	0	76	15	1	0	0	0	204	23	0	0	0	0	23
Stools, 2nd Pos.	1	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	1
Cases Excluded:																	
Tuberculosis	51	4	3	0	6	6	1	0	0	0	71	9	0	1	0	0	10
Syphilis	27	0	0	0	17	1	1	0	0	0	46	9	0	1	1	0	11
Gonorrhoea	7	0	0	0	1	0	0	0	0	0	8	5	0	0	0	0	5
Typhoid Carrier	29	3	0	0	3	4	0	0	0	0	39	2	0	8	0	0	10
Skin Disease	7	2	1	0	1	1	0	0	0	0	12	5	0	0	0	0	5
Probations: Tbc.	99	8	4	0	4	1	0	0	0	0	116	17	0	0	0	0	17
Syphilis	170	15	3	0	16	6	0	0	0	0	219	50	5	0	0	0	55
Gonorrhoea	5	0	0	0	0	0	0	0	0	0	5	2	0	0	0	0	2
Typhoid Carrier	144	7	0	0	0	0	0	0	0	0	151	24	0	0	0	0	24
Skin Disease	6	1	0	0	0	0	1	0	0	0	8	1	0	0	2	0	3

Occupational Clinic Totals:

Manhattan	Foodhandlers	6616	Bakers	6038
The Bronx	Foodhandlers	3323	Bakers	778
Brooklyn	Foodhandlers	7643	Bakers	2006
Queens	Foodhandlers	2828	Bakers	657
Richmond	Foodhandlers	464	Bakers	96

CITY—Foodhandlers and Bakers 29,449

Private Physicians' Totals:

Manhattan	55,051
The Bronx	1,302
Brooklyn	6,883
Queens	2,889
Richmond	307
CITY	66,432

INFANT MORTALITY SITUATION IN NEW YORK CITY.

One hundred and eighty-four fewer children have died from diarrhoeal diseases this year than for the corresponding period of last year. The excess of deaths from all causes this year, is only 224. If present conditions continue this will be materially reduced before the end of the year. Deaths from measles and pneumonias have shown a slight increase, as compared with last year. The other contagious diseases have, however, dropped considerably. The infant death rate for the first thirty-five weeks of 1922 is 79. This is a most remarkable showing, considering the fact that we had 40,000 cases of measles reported this year, as compared with only 8,000 last. The difference in mortality has, therefore, been made up in those diseases, especially diarrhoeal and congenital, which the Bureau of Child Hygiene has been fighting for the past few years.

The subjoined table gives a picture of the infant mortality in the City for

Digitized by Google

the year, to date, by weeks. It will be noted that while the differential was twelve points for the first eight weeks, and continued around that point, even going to thirteen points at the twentieth week, it began to decline at the twenty-fifth week, since when a gradual improvement has manifested itself, so that the differential at thirty-five weeks is three, indicating, for the year, a rate of mortality equal to, or possibly even lower than the remarkable showing of 1921.

Infant Mortality Rate in New York City.

Week		1921	1922	Week		1921	1922
2	Jan. 14	72	79	18	May 6	80	98
3	21	76	80	20	20	78	91
4	28	78	81	21	27	78	89
5	Feb. 4	79	84	22	June 3	77	88
6	11	80	89	23	10	76	85
7	18	81	90	24	17	75	87
8	25	81	93	25	24	75	85
9	Mar. 4	83	93	26	July 1	75	84
10	11	82	92	27	8	74	83
11	18	82	93	28	15	74	83
12	25	81	93	29	22	74	82
13	Apr. 1	80	93	30	29	75	81
14	8	81	93	31	Aug. 5	75	81
15	15	80	93	32	12	75	80
16	22	80	93	33	19	76	80
17	29	80	92	34	26	80	80
				35	Sept. 2	76	79

INTERESTING CASE OF TUBERCULOSIS.

(From the Records of the Department of Health)

Previous History.—At the age of two years, he had scarlet fever, at the age of five years he had a fractured skull; at the age of twelve years, he had diphtheria; and at the age of sixteen years, which was in 1889, he had frequent pains on the right side, when breathing; the Doctor, at that time, said that he had growing pains. Later the same year, he had chills, fever and expectorated thick greenish matter; he went to Mt. Sinai Dispensary, and from there was sent to Mt. Sinai Hospital. He remained there for four months, after which he was discharged.

He did not work for two years; he then went into business and continued at it until 1905, when he was taken sick again. He had several large hemorrhages at the time. In May, 1905, he went to Saratoga Springs, and remained there until September, 1905; from there he went to Liberty, N. Y., for eight months, and recovered considerably. He next tried the city for a while, but found that he could not get along. He then went to Poughkeepsie where he remained for sixteen months. While there, he had another hemorrhage and broke down again generally. He returned to New York City where he remained until 1910, being sent to Otisville during the summer of that year.

On admission to the Otisville Sanatorium, patient I. K. coughed considerably, expectorated copiously of thick greenish material and was much nauseated. His lungs showed an infiltration of both apices, extending into right middle lobe with a cavity in right apex; his weight, on admission, was 145 pounds, and after four years, went up to 180 pounds. He remained at this weight for several years when he started on a decline, his present weight being but 135½ pounds.

Digitized by Google

Patient's stomach had been a great source of trouble, as far back as 1889 and he suffered very much from diarrhoea. In 1915, he gave up eating solid food entirely, and has been living on milk for at least seven years. At the present time he partakes of about three cups daily.

Patient's middle turbinate was removed in November, 1920; tonsils were removed in November, 1921. Patient has frontal sinusitis, and a mitral murmur of the heart.

The history of this case shows a man who has been suffering from tuberculosis for thirty-three years, but who, with good outdoor living and careful treatment, has been able to live comfortably.

To us, the most interesting feature of this case is the fact that this patient made several attempts to return to the City from rural environment, after it had benefited him to such an extent as to make him believe that such return was justified, but that, in each instance the repeated downward progress of his case under urban environment made it necessary for him to return to the country.

Some good observers of the treatment of tuberculosis have stated that, under proper hygienic control and with proper nourishment, there is little necessity for patients with tuberculosis to leave their homes. This case is one that tends to show the fallacy of such belief.

MORTALITY BULLETIN FOR THE WEEK ENDING SEPT. 16, 1922.

The city experienced the lowest death rate during the year in the week just closed, there having been 928 deaths with a death rate of 8.29 per 1,000 of the population, as compared with 967 deaths and a rate of 8.77 in the corresponding week of 1921.

As usual, at this season of the year the city shows an exceedingly marked absence of infectious diseases, the mortality from the infectious diseases of childhood being extremely low, more so than in 1921, there having been 25 deaths from these causes as compared with 28. The mortality among children under five years of age from diarrhoeal diseases was less than half of that in the corresponding week of 1921, there having been 34 deaths reported from this cause as compared with 70. Even cancer which has been maintaining a steady increase during the year showed 92 deaths as compared with 96. There were 62 deaths reported from pulmonary tuberculosis as compared with 91, a decrease of 29. Exactly the same number of deaths, 35, was reported from broncho pneumonia in both weeks under comparison. On the other hand there were 25 deaths reported from lobar pneumonia as compared with 18, an increase of 7; there were 70 deaths reported from chronic Bright's disease, as compared with 59, an increase of 11, and 171 deaths from organic heart diseases, as compared with 165, an increase of 6.

Viewed from the point of age grouping, there were 146 deaths of children under one year of age, as compared with 151, a decrease of 5; between one and five years of age there were 57 deaths reported as compared with 65, a decrease of 8; between five and sixty-five years there were 527 deaths recorded, as compared with 546, a decrease of 19 and at sixty-five years of age and over there were 198 deaths reported as compared with 205, a decrease of 7.

The death rate for the first 37 weeks of the year was 12.37, as compared with a rate of 11.47 in the corresponding period of 1921, an increase of .9 of a point.

From January 1st to date 78 infants under one year of age have died out of every 1,000 born, as compared with 75 deaths at this age group in the corresponding period of 1921, an increase of 3 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CHILD HYGIENE.—American Red Cross, Health Service. Examination of pre-school age children; a co-operative demonstration giving the results of the physical and mental examinations to children upon registration before entering school. June, 1922. 26 p.

DENTAL CLINICS.—Davis, M. M., Jr., & M. C. Jarrett. Community dental service, dental needs and dental facilities with special reference to a dental program for Chicago. 1922. 121 p. 373.1D29

HEART DISEASE.—Dublin, L. I. Incidence of heart disease in the community. (Nation's Health, Aug., 1922. pp. 453-456, charts, tables.)

MATERNITY WELFARE.—Abbott, G. Federal aid for the protection of maternity and infancy. (Am. J. Pub. Health, Sept., 1922. pp. 737-742.)

N. Y. CITY TUBERCULOSIS.—Drolet, G. J. A decade's progress against tuberculosis: New York City has reduced its death rate from tuberculosis by 51 per cent. (Nation's Health, Aug., 1922. pp. 467-471, diag., tables.)

PHYSICAL DEFECTS.—Chaplin, H. Physical defects commonly associated with malnutrition. (Hosp. Social Service, Sept., 1922. pp. 179-182.)

PUBLIC HEALTH.—Meredith, F. The educational factor in public health. (Nation's Health, Aug., 1922. pp. 459-461, illus.)

TUBERCULOSIS, CHILDREN. — Freeman, R. G. Prognosis and treatment of tuberculosis in infancy and childhood. (Arch. Pediat., Aug., 1922. pp. 489-503, illus.)

TUBERCULOSIS, CHILDREN.—O'Brien, F. W., and F. B. Ames. Roentgen ray and tuberculosis in infants and children. (Boston M. & S. J., Aug. 24, 1922. pp. 279-284, illus.)

WATER SUPPLY.—Water supplies: chapter from the forthcoming report of the Committee on Municipal Health Department Practice. (Am. J. Pub. Health, Sept., 1922. pp. 759-763, table.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	June 24	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16
Total deaths	1044	1079	1091	1094	1055	978	1068	1027	1044	1050	987	980	925
Annual Death Rate	9.33	9.64	9.75	9.77	9.43	8.74	9.54	9.17	9.33	9.38	8.82	8.76	8 29
*Acute Infectious Diseases	39	34	44	24	22	29	24	16	22	21	9	15	22
Pul. Tuberculosis..	101	97	77	89	85	88	108	75	70	104	88	98	62
Influenza	4	..	2	2	2	3	1	1	2	..	2	..	1
Lobar Pneumonia..	25	28	28	21	20	25	21	24	28	22	20	23	25
Broncho Pneum. ..	41	38	34	38	32	27	27	29	38	32	26	26	25
**Violent Deaths ...	75	82	89	94	86	75	89	80	79	90	66	62	67
Deaths under 1 year.	124	130	166	158	148	167	171	168	177	173	152	156	166
Rates per 1,000 births	49.1	51.5	65.7	62.7	56.7	66.1	67.8	64.7	70.4	68.7	60.8	62.0	66.0
Deaths under 5 years	210	199	236	224	197	234	227	214	227	220	195	196	202
" 5-65 years ...	630	657	629	632	623	555	596	576	586	574	556	601	557
" 65 years and over	204	243	226	238	235	189	245	237	231	246	236	202	166

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	209	263	190	27	231	166	224	169	247	316	284	179	251
Diphtheria	167	212	166	140	132	134	105	120	115	107	60	83	86
Measles	595	412	318	237	182	107	64	48	32	35	18	18	16
Scarlet Fever	104	88	55	43	51	32	25	24	29	33	26	35	30
Chickenpox	77	43	44	23	32	16	10	11	11	10	9	16	14
Influenza	9	6	1	7	3	7	9	5	8	4	4	4	7
Pneumonias	165	151	86	107	89	98	77	96	131	133	114	95	101
Typhoid Fever	13	18	15	18	23	39	20	33	35	46	46	34	52
Whooping Cough ...	100	111	75	67	98	126	86	98	95	97	85	86	93
Syphilis	294	211	162	227	169	222	197	168	151	155	225	188	237
Gonorrhoea	125	72	101	166	118	159	154	72	71	72	143	134	103
Poliomyelitis	1	..	2	1	1	5	4	8	8	5	8	8	7
Cerebro-spinal Meningitis	1	3	1	2	5	3	4	2	2	5	3	3	7
Total	1860	1590	1211	1812	1134	1109	979	854	935	1018	1025	878	1004

Digitized by Google

Mortality Summary for the Week Ending Saturday, Noon, September 16, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	420	405	401	1087	450	51	9 63	9.30	9 21
The Bronx	732,016	809,586	113	95	89	275	101	15	7.57	6.12	5 74
Brooklyn	2,018,356	2,117,227	332	320	333	1123	389	44	8.34	7.89	8.21
Queens	469,042	516,688	79	81	82	180	47	7	8.28	8 18	8 28
Richmond	116,581	124,400	23	27	28	52	17	2	9.90	11 32	9.65
Total	5,620,048	5,889,788	967	928	928	2717	1004	119	8.77	8.29	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-seven weeks of this year there were 51,214 deaths, a rate of 12.37 per 1,000 population. During the corresponding weeks of last year there were 46,648 deaths, a rate of 11.44 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	4	27	..	..	..	10	15	13	13	5	4	22	69	90	227	78
The Bronx	2	10	..	..	1	..	5	3	3	2	..	3	16	23	58	17
Brooklyn	5	14	..	1	1	11	13	16	15	5	4	22	46	72	171	77
Queens	3	8	..	..	..	4	2	2	2	2	..	6	12	16	43	22
Richmond	2	3	..	..	..	..	..	1	1	..	..	5	3	5	13	4
Total	16	62	..	1	2	25	35	35	35	14	8	58	146	208	527	198

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	68	65.2	8	7.7	3	5	86	20.9	13	3.2	2	0.5
The Bronx	17	59 0	3	10.4	1	2	23	14.7	3	1.9	..	..
Brooklyn	48	50.7	18	18.7	4	9	73	17 2	15	3.5	5	1.2
Queens	10	58.9	2	10.8	..	2	16	15 5	2	1 9	3	2.9
Richmond	3	54.0	1	18.0	..	1	5	21.9	1	4.4	..	...
City of New York.	146	58 0	27	10 7	8	19	203	18.2	34	3.0	10	0.9

During the first thirty-seven weeks of this year 7,287 infants died, a rate of 78. per 1,000 births. During the corresponding weeks of last year 7,089 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 9-9-'22..	32	59	7	12	16	39	3	13	3	1	..	2	..	..	..	105	..	554	69	915
Admitted	2	14	3	13	2	3	..	4	2	2	..	..	..	..	..	4	..	21	2	77
Discharged ..	5	11	1	10	3	5	..	6	..	..	..	..	..	..	..	23	..	22	1	87
Died	..	3	..	2	..	..	..	..	..	..	..	..	..	..	..	1	..	1	2	9
Rem'g 9-16-'22.	29	59	9	13	15	42	3	11	5	3	..	2	..	..	..	85	..	552	68	896
Total treated	34	73	10	25	18	47	3	17	5	3	..	2	..	..	..	109	..	575	71	992

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	928	967	512	416	146	27	30	203	46	50	171	280	198
1. Typhoid Fever	6	7	3	3	1	..	..	1	..	1	2	2	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	1	1	1	..	1	..	..	1	..	..	1	..	
6. Scarlet Fever	1	..	..	1	..	..	..	..	..	..	..	..	
7. Whooping Cough	6	3	2	4	2	3	1	6	..	..	..	..	
8. Diphtheria	8	3	5	3		1	3	4	4	..	..	..	
9. Influenza	1	3	1	..	..	1		1	..	..	..	..	
Poliomyelitis	5	14	2	3	..	1	1	2	3	..	..	..	
12. Other Epidemic Diseases	3	..	1	2	3	..	..	3	..	..	..	..	
13. Pulmonary Tuberculosis	62	91	31	31	1	..	..	1	2	13	24	19	3
14. Tbc. Meningitis	9	7	8	1	1	1	3	5	2	..	1	1	..
15. Other forms Tbc.	7	6	4	3	1		1	2	..	1	3	1	..
16. Cancer, Malignant Tumor	92	96	38	54	..	..	1	1	..	..	14	53	24
17. Simple Meningitis	7	1	6	1	1	..	3	4	..	1	1	1	..
17a. Cerebro-spinal Meningitis	..	2	..	..	..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	4	15	4	..	1	..	..	1	..	..	..	1	2
19. Organic Heart Diseases	171	147	85	86	..	1	..	1	3	3	22	62	73
20. Acute Bronchitis	2	3	2	..	2	..	..	2	..	..	..	..	..
21. Chronic Bronchitis	2	1	2	..	..	..	..	..	..	..	..	1	1
22. Lobar Pneumonia	25	18	14	11	4	2	1	7	..	3	6	5	4
22a. Broncho Pneumonia	35	35	20	15	11	6	5	22	1	1	2	3	6
23. Other Respiratory Diseases	5	5	2	3	..	..	..	..	..	..	1	..	4
24. Diseases of the Stomach (Cancer excepted)	9	9	8	1	..	..	..	..	..	..	1	6	2
25. Diarrhoeal Diseases (under 5 years)	34	70	22	12	27	6	1	34	..	..	..	..	..
26. Appendicitis and Typhilitis	16	19	12	4	..	..	1	1	1	5	6	2	1
27. Hernia, Intestinal Obstruction	4	10	2	2	..	..	..	..	1	..	2	1	..
28. Cirrhosis of Liver	..	3	..	..	..	..	..	..	..	..	..	..	..
29. Bright's Disease and Nephritis	70	59	31	39	..	..	..	..	..	1	17	29	22
30. Diseases of Women (not Cancer)	4	7	..	4		..	..	..	..	..	1	2	1
31. Puerperal Septicaemia	3	1	..	3	..	..	..	..	..	..	3	..	
32. Other Puerperal Diseases	3	7	..	3	..	..	..	..	..	..	3	..	
33. Congenital Debility, and Malformations	69	59	42	27	68	1	..	69	..	..	..		..
34. Old Age	2	2	2	..	..	..	..	..	..	..	..	..	2
35. Violent Deaths	67	69	47	20	3	2	3	8	14	8	19	15	3
a. Sunstroke	1	..	..	1	..	..	..	..	..	..	..	..	1
b. Other Accidents	58	65	40	18	2	2	3	7	13	7	15	14	2
c. Homicide	8	4	7	1	1	..	..	1	1	1	4	1	
36. Suicide	14	17	12	2	..	..	..	..	..	3	5	5	1
*37. All other causes	177	176	101	76	19	2	5	26	10	9	35	68	29
38. Ill-defined causes	4	1	2	2	..	..	1	1	..	1	1	1	

Deaths in Institutions,	426	Mean temperature,	74.1 deg. Fahr.
Mean barometer,	29.89	Minimum temperature,	34.0 deg. Fahr.
Mean humidity,	74.9	Maximum temperature,	55.0 deg. Fahr.
Precipitation,	1.83		

†If the deaths under one month, numbering 64 from all causes, be deducted from the total deaths under one year, the resulting rate will be 33 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 8, Diabetes 24, Alcoholism 3, Locomotor Ataxia 0, -esis 5, Arterio-sclerosis 33, all other congenital causes 8.

25a-2023-22-0°C
Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. SEPTEMBER 30, 1922. No. 39.

QUARANTINE REGULATION OF WHOOPING COUGH.

Whooping cough is one of the contagious diseases the report of which within 24 hours after recognition is required by Section 86 of the Sanitary Code.

Section 94 of the Code requires that all cases of the same disease be excluded from schools, and that the patient shall not be readmitted thereto until the Department of Health gives permission. This section also forbids anyone to expose others to the danger of contracting the disease, as through failure to keep the patient away from other children.

The following is a copy of a circular distributed to families in which cases are reported:

Department of Health
THE CITY OF NEW YORK
Bureau of Preventable Diseases

.....192....

Dear Madam:—

On..... .....

.....was reported to the Department of Health as having whooping cough.

Whooping cough is a very contagious disease and is communicated by patients or by articles that come in contact with patients.

Do not allow this child to give the disease to other children; therefore, keep the child indoors for two weeks from the time that the child began to whoop, as the law requires.

If at the end of the two week quarantine period the child is ready to re-enter school, present this card at the school to the school nurse.

Whoping cough is caused by a germ which is present in the discharge which is thrown out when the child coughs or vomits.

Care should be taken to clean promptly all materials that may be soiled by such discharge by boiling, scrubbing and airing.

Dogs, cats and other pets should be kept away from the patient as they carry the germs of this disease.

Books and toys used by the patient should be cleaned and aired or burned.

Discharges from mouth or nose should be received on cloths or paper napkins and immediately burned.

Fresh air is necessary in the treatment of this disease, therefore keep the windows open, but do not allow the patient to play in the street, to ride in street cars, or to go near other children. If this rule is not obeyed your child will be removed to a hospital of the Department of Health.

If you know of any child that is suffering from this disease which violates any of the above rules report it at once in order to protect others.

.....Director.

Digitized by Google

The following is a copy of a circular giving general information about whooping cough:

Bureau of Preventable Diseases, Department of Health.

WHOOPING COUGH (PERTUSSIS).

Whooping cough is a very serious and infectious (catching) disease. It causes more deaths than scarlet fever. It is contracted by children coming in contact with others having it. It begins as an ordinary catarrhal cold and cough, the distinctive whoop not appearing until a week or ten days later. It is spread by the matter thrown out in coughing, sneezing, or in blowing the nose.

Do not allow children to associate with others who have colds or coughs, or to play with strange children. Do not permit children from families where whooping cough exists to visit your home.

It is very difficult to recognize whooping cough until the whoop appears. When a child has a persistent cough, it should be kept by itself until the cause of the cough is found. Children with whooping cough must have fresh air, but they should never leave the house during quarantine.

Whooping cough lasts from five to six weeks, and the child must not associate with other children or return to school until two weeks after the last whoop. Should the child accidently come in contact with other children during a coughing spell, cover its mouth and nose with a handkerchief or paper napkin, which should be burned as soon as possible. Notify your friends and neighbors that there is a case of whooping cough in your family.

If there is a baby in the family, and another child gets whooping cough, observe every possible precaution; otherwise the baby's life may be the penalty. If precautions can not be taken and if the baby cannot be sent away, then ask the Department of Health to remove the children with whooping cough to one of its hospitals.

Don't waste time or money on patent medicines or other cures. There is no known cure for whooping cough. Fresh air, good food, rest and sleep are the standard remedies. If the child is kept strong, it cures itself. The child should have a separate bedroom, which should be kept well aired day and night. Do not dress child too warmly. After quarantine is over the child should be kept out of doors as much as possible.

Follow your doctor's instructions carefully. The great danger to babies from whooping cough is pneumonia. If child becomes languid, has fever, rapid breathing and constant cough, call your doctor at once. If you cannot afford to have a doctor, notify the Department of Health, who will take your child to one of its hospitals, where its chances of recovery are much better than at home. When a nurse from the Department of Health calls, she comes to help you. Let her do it.

Digitized by Google

In this connection it is interesting to note that under Regulation 20 (2) of the Connecticut State Board of Health, persons ill with whooping cough will be allowed to use the highways and parks after the acute stage of the disease is over, under whatever restrictions are made by local health officers provided these persons wear a yellow band on the left arm.

AMERICAN PUBLIC HEALTH ASSOCIATION TO MEET IN CLEVELAND.

The Fifty-first Annual Meeting of the American Public Health Association will be held at Cleveland, Ohio, October 16-19, 1922. Headquarters will be at Hotel Statler.

The following sections will conduct programs: Public Health Administration, Laboratory, Vital Statistics, Sanitary Engineering, Industrial Hygiene, Food and Drugs, and Child Hygiene. There will also be special programs on Public Health Publicity and Education and Public Health Nursing.

An interesting part of the general sessions of the program. will be a summary and conclusions from a survey of eight-five city health departments, conducted by a committee under the chairmanship of Professor C. E. A. Winslow. A second feature will be a symposium on the subject, "How can we Safeguard Public Health from Political Interference?"

Reduced railroad rates have been granted to members of the Association.

Further information may be obtained from the Secretary of the Association at 370 Seventh Avenue, New York City.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the seventh installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

Typhus Fever.

Q. What is typhus fever?
A. Typhus fever is an acute infectious disease characterized by sudden onset of headache, fever and prostration, with a subsequent exanthem, and a duration of from 10 to 21 days.
Q. What is the infective agent?
A. A great deal of work has been done, and many more or less positive claims have been made, but the causative agent is not yet definitely determined.
Q. What is the source of infection?
A. The blood of infected individuals.
Q. What is the mode of transmission?
A. The infectious agent is transmitted by lice. (Pediculus corporis, Pediculus capitis.)
Q. What is the incubation period?
A. Five to twenty days, usually twelve days.
Q. What is the period of communicability?
A. Until 36 hours have elapsed after the temperature reaches normal.
Q. Does the Department of Health recognize more than one form of typhus?
A. Yes, typhus fever, and Brill's typhus fever.

Digitized by Google

Q. Why the distinction?

A. While the two forms of typhus have the same infective agent, the same mode of transmission and similar syndromes, typhus fever (Brill) differs from the parent disease in many important particulars. Typhus fever is a severe disease with high rate of mortality—and with a duration of between two and three weeks. It presents a haemorrhagic eruption which persists with the fever. It is prevalent in Europe. Typhus fever (Brill) is a mild disease, resulting uniformly in recovery and with a duration between one and two weeks. The eruption is usually free from haemorrhages. In New York City, the cases are invariably fewer than fifty a year. They occur in widely separated localities; as often as not, with no evidences of vermin either on persons or premises. We are never able to establish any probability of relationship between any two cases. Cases of typhus fever—if any—are removed by the Department of Health to hospital. Cases of typhus fever (Brill) may be cared for in their homes.

Q. What is Department proceedure in all cases?

A. De-lousing of persons and premises; and sulphur fumigation on termination of case.

Q. When may a case be terminated?

A. Thirty-six hours after temperature reaches normal or as soon thereafter as clinical condition of patient permits.

Q. What are the cardinal symptoms of onset?

A. Fever and frontal headache.

Q. What are the subsequent symptoms?

A. Congestion of face and of mucuous membrane; skin eruption and prostration.

Q. Describe the eruption?

A. The eruption of typhus fever usually appears on the third day of the fever. It comes out as a macular roseola. The macules are smaller than those of measles and are distributed—usually freely on trunk and extremities, including hands and feet, sometimes palms and soles. Many of the spots become maculo-papules on the second day; on the third or fourth day, there is stasis of blood in the capillaries of the lesion. At this time, looked at under pressure as through a glass slide, the haemorrhagic nature of the eruption may be readily seen. The haemorrhages, at first, consist of lines of petechiae radiating from the centre of the lesion. Later there is extravation into the skin and the haemhorrages become diffuse, take on an appearance of pigmentation, and disappear gradually as temperature reaches normal. The presence of the petechiae in the lesions—possibly present as early as the third day—affords one of the earliest and best differential guides. The color of the eruption varies with the hue of the patient's skin, and becomes a dark purple as it approaches maturation. The eruption may be scant in amount and, in its early stages, in dark-skinned patients, may be difficult to distinguish from normal skin The eruption, usually, does not appear on the face which, however, is congested, dusky in hue, sometimes swollen and with the injected eyes, may look like confluent measles. The fading typhus rash on the body may look very much like the fading erythema of measles. History, and other symptoms, make differentiation possible.

Q. How does the eruption of Brill's differ?

A. It is not so profuse; it is of shorter duration; and, most important, it may be entirely free from haemorrhages.

Digitized by Google

Describe the course of the fever?

The fever persists from 10 to 14 days, with small and fairly uniform daily remissions, seldom exceeding one degree. The temperature falls, by semi-crisis, in three to four days, reaching normal about the twelfth or fourteenth day of the disease. The rise to maximum is rapid (within 24 to 48 hours).

Describe the headache?

The headache is the onset symptom. It persists with the fever; is frontal and frequently sufficiently intense to cause delirium.

What is the character of the respiration?

It is usually rapid; 40 to 60 per minute, with lungs normal, save for more or less hypostasis.

What is the fairly uniform experience in connection with the diagnosis?

On account of the late appearance of the rash, its comparative absence in some cases, its indistinctness on dark skins, the close resemblance it bears to many wholly unrelated erythemas, the diagnosis of typhus is usually made late—probably well on in the second week of the disease. It results that in anything approaching an outbreak, the number of suspects is always large, being made up of patients suffering from irregular typhoid, paratyphoid, measles, pneumonia and intestinal toxemias.

Is transmission of typhus fever (Brill) by lice easily explicable?

No, in many cases neither patients nor premises show any vermin. Cases rarely occur simultaneously in the same family, or in the same block; or even in the same part of the city.

How prevalent is typhus fever (Brill) in New York City?

Invariably less than 50 cases yearly.

How prevalent is typhus fever?

Rare—patients suffering from typhus are usually detected and removed from ships at quarantine stations.

What may be said of the Felix-Weil reaction?

In typhus fever, there is abundant evidence that it is reliable in 90 per cent or more of all cases. In typhus fever (Brill) it may safely be said to be of very little practical value. It is negative, even in low dilution, in many of our clinically typical cases.

MORTALITY BULLETIN FOR THE WEEK ENDING SEPT. 23, 1922.

Only one death separated the weekly mortality total of the week just closed from hat of the corresponding week of 1921, the figures being, respectively, 960 and 959 leaths. If the increase in population be taken into consideration, in lieu of an increase of 1 death, there follows a decrease of 13 deaths.

The mortality from the infectious diseases, as usual at this time of the year, was extremely low during the week. The most noteworthy feature was the decrease n the deaths from diarrhoeal diseases under five years of age, there having been 36 deaths reported as compared with 64, a decrease of 28; pulmonary tuberculosis showed a decrease of 7 deaths and violence a decrease of 8 deaths. The causes showing an increased mortality were organic diseases of the heart and kidneys, there having been 283 deaths reported from these causes as compared with 229, an increase of 54 deaths; broncho pneumonia showed an increase of 14 deaths.

Viewed from the point of age grouping, there were 415 deaths reported under

Digitized by Google

one year of age as compared with 180, a decrease of 65 deaths; between one and five years of age there were 65 deaths recorded as compared with 49, an increase of 16 deaths; between five and sixty-five years of age there were 567 deaths reported as compared with 546, an increase of 21, and at sixty-five years of age and over there were 213 deaths reported as compared with 184, an increase of 29.

The death rate for the first 38 weeks of the year was 12.27 as compared with 11.37 in the corresponding period of 1921, an increase of .90 of a point. This showing is rather favorable considering that during the first six months of the year there was an increase in the death rate for that period of 1.62, and it is likely that the rate for the remainder of the year will be low enough to overcome the difference of .9 of a point.

During the first six months of the year there were 85 deaths of children under one year of age out of every 1,000 born and in the corresponding period of 1921, 75 deaths, an increase of 10 deaths per 1,000 births. This increase has slowly but surely come down now so that there are only two points separating the figures up to date, 77 deaths of children under one year of age, as compared with 75 out of every 1,000 born.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 1	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23
Total deaths	1079	1091	1094	1055	978	1068	1027	1044	1050	987	999	928	989
Annual Death Rate	9.64	9.75	9.77	9.43	8.74	9 54	9.17	9.33	9.38	8 82	8.92	8 29	8 59
*Acute Infectious Diseases	24	44	24	22	29	24	16	22	21	9	15	22	16
Pul. Tuberculosis..	97	77	89	85	83	108	75	70	104	88	98	62	69
Influenza	..	2	2	2	3	1	1	2	..	2	..	1	1
Lobar Pneumonia..	28	28	21	20	25	21	24	28	22	30	23	25	29
Broncho Pneum. ..	38	34	38	32	27	27	29	38	32	36	36	25	37
**Violent Deaths ...	82	89	94	86	75	89	80	79	90	66	62	67	69
Deaths under 1 year.	180	166	158	148	167	171	163	177	173	152	156	146	115
Rates per 1,000 births	51.5	65.7	62.7	56.7	66.1	67.8	64.7	70.4	68.7	60.3	62.0	58.0	45.7
Deaths under 5 years	199	236	224	197	224	227	214	227	230	195	196	203	189
" 5-65 years ...	637	629	632	623	555	596	576	586	574	556	601	527	567
" 65 years and over	243	226	238	235	189	245	237	231	246	226	202	198	213

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	263	190	27	231	166	224	169	247	316	284	179	251	310
Diphtheria	212	166	140	132	134	105	120	115	107	60	83	86	96
Measles	412	313	237	182	107	64	48	32	35	18	13	16	18
Scarlet Fever	88	55	43	51	32	25	24	29	33	26	35	30	34
Chickenpox	43	44	23	32	16	10	11	11	10	9	16	14	9
Influenza	6	1	7	3	7	9	5	8	4	4	4	7	11
Pneumonias	151	86	107	89	93	77	96	131	133	114	95	101	89
Typhoid Fever	18	15	18	23	39	20	33	35	46	46	34	52	22
Whooping Cough ...	111	75	67	98	126	86	98	95	97	85	86	93	116
Syphilis	211	162	227	169	222	197	168	151	155	225	188	237	251
Gonorrhoea	72	101	166	118	159	154	72	71	72	143	134	103	164
Poliomyelitis	..	2	1	1	5	4	8	8	5	8	8	7	16
Cerebro-spinal Meningitis	3	1	2	5	3	4	2	2	5	3	3	7	2
Total	1590	1211	1312	1134	1109	979	854	935	1018	1025	878	1004	1138

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, September 23, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	427	444	412	951	369	45	9 79	10.20	9 46
The Bronx	732,016	809,586	102	95	109	283	127	18	6 85	6.12	7.02
Brooklyn	2,018,356	2,117,227	380	514	337	892	377	44	8 29	7.74	8 20
Queens	469,042	516,683	74	84	85	229	74	4	7.76	8 48	8.58
Richmond	116,581	124,400	26	23	17	45	14	3	11.19	9 65	7.13
Total	5,620,048	5,839,788	959	960	960	2400	961	114	8.70	8.58	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-eight weeks of this year there were 52,174 deaths, a rate of 12.27 per 1,000 population. During the corresponding weeks of last year there were 47,607 deaths, a rate of 11.37 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	5	27	..	..	..	8	14	25	20	7	4	34	56	82	270	92
The Bronx	..	18	1	..	..	1	2	2	2	3	1	3	10	15	61	19
Brooklyn	6	11	1	1	1	7	17	12	11	1	4	20	38	67	170	77
Queens	..	10	..	..	..	4	3	3	2	1	..	2	11	15	51	18
Richmond	..	8	..	..	..	..	1	1	1	1	..	1	..	1	15	7
Total	11	69	2	1	1	20	37	43	36	13	9	60	115	180	567	213

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	58	50 9	16	15.4	7	9	77	18 8	18	4 4	2	0.5
The Bronx	11	38 3	1	3.5	..	1	18	11.5	2	1.3	1	0.6
Brooklyn	39	41 3	6	6.4	2	4	69	16 3	13	3.1	5	1.2
Queens	12	64.1	1	5.3	..	1	15	14.5	2	1 9	..	...
Richmond	..	...	..	...	..	..	1	4.4	1	4.4	..	...
City of New York.	115	45 7	24	9 0	9	15	180	16.1	36	3.2	8	0.7

During the first thirty-eight weeks of this year 7,402 infants died, a rate of 77. per 1,000 births. During the corresponding weeks of last year 7,269 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Fever Scarlet	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 9-16-'22.	29	59	9	18	15	42	8	11	5	8	..	2	..	..	..	85	..	552	68	896
Admitted	4	16	3	9	4	7	..	6	2	2	..	1	..	..	..	2	..	21	2	79
Discharged	8	15	4	9	1	8	..	1	2	2	..	2	..	..	..	18	..	23	1	94
Died	..	..	..	3	..	..	..	3	..	..	..	..	..	..	..	..	..	1	1	8
Rem'g 9-23-'22.	25	60	8	10	18	41	8	13	5	8	..	1	..	..	..	69	..	549	68	873
Total treated	33	75	12	22	19	49	8	17	7	5	..	3	..	..	..	87		573	70	975

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	960	969	525	435	115	31	34	180	29	56	190	282	213
1. Typhoid Fever	3	7	3	..	..	..	..	..	1	2	..	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	..	..	..	..	..	..	..	..	.	..		.	.
6. Scarlet Fever	..	..	..	..	..	..	..	..	.	..		..	..
7. Whooping Cough	6	5	4	2	3	3	..	6				..	..
8. Diphtheria	5	2	3	2		1	1	2	2	1	..	..	..
9. Influenza	1	3	1	.	..	..	..	..	..	..	1	..	..
Poliomyelitis	2	16	..	2	..	1	1	2	..	..	..	.	..
12. Other Epidemic Diseases	..	1	..	..	..	..		..	..	.	.		..
13. Pulmonary Tuberculosis	69	76	39	30	1	1	..	2	3	9	31	23	1
14. Tbc. Meningitis	7	5	6	1	..	2	2	4	1	..	2	..	..
15. Other forms Tbc.	9	4	4	5	..		..	..	..	3	4	1	1
16. Cancer, Malignant Tumor	95	97	45	50	1	..	..	1	1	3	12	43	35
17. Simple Meningitis	3	..	3	..	..	..	..	..	..	..	..	2	1
17a. Cerebro-spinal Meningitis	2	3	1	1	1	..	..	1	..	1	..	..	..
18. Apoplexy, Softening of the Brain	12	16	8	4	..	..	..	..	..	..	4	4	4
19. Organic Heart Diseases	185	166	79	106	..	1	2	3	4	5	29	64	80
20. Acute Bronchitis	1	7	..	1	..	1	..	1	.	..	..	..	..
21. Chronic Bronchitis	..	1	..	.	.	.		..	..	..	..	..	..
22. Lobar Pneumonia	20	27	12	8	3	2	2	7	..	..	6	6	1
22a. Broncho Pneumonia	37	28	16	21	12	6	5	23	2	1	1	5	5
23. Other Respiratory Diseases	6	4	4	2		..	1	1	..	1	2	2	..
24. Diseases of the Stomach (Cancer excepted)	10	7	9	1	1	..	1	2	..	..	3	4	1
25. Diarrhoeal Diseases (under 5 years)	36	64	19	17	24	8	4	36	..	..	..	..	..
26. Appendicitis and Typhilitis	16	12	13	3	..	..	3	3	1	2	6	3	1
27. Hernia, Intestinal Obstruction	7	11	4	3	..	..	1	1	1	..	1	2	2
28. Cirrhosis of Liver	8	5	6	2	..	..	..	..		..	3	5	..
29. Bright's Disease and Nephritis	77	56	43	34	..	..	..	..	1	1	11	32	32
30. Diseases of Women (not Cancer)	6	6	..	6		.	..	..	..	..	4	1	1
31. Puerperal Septicaemia	1	4	..	1		..	..	..	..	..	1	..	
32. Other Puerperal Diseases	6	13		6	..	..	..		..	2	4	..	
33. Congenital Debility, and Malformations	60	67	37	23	57	2	1	60	..	..	..		
34. Old Age	4	4	2	2									4
35. Violent Deaths	69	70	53	16	2	1	8	11	12	4	24	14	4
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	.
b. Other Accidents	60	64	46	14	..	1	8	9	12	3	18	14	4
c. Homicide	9	6	7	2	2	..	..	2	..	1	6	..	
36. Suicide	18	20	7	6	..	..			.		5	5	3
*37. All other causes	181	154	101	80	10	2	2	14	1	22	31	76	33
38. Ill-defined causes	3	3	3	..	..	..	..	..	..	1	1	1	..

Deaths in Institutions,	422	Mean temperature,	63.6 deg. Fahr.
Mean barometer,	30.03	Minimum temperature,	51.0 deg. Fahr.
Mean humidity,	64.6	Maximum temperature.	83.0 deg. Fahr.
Precipitation,	None		

†If the deaths under one month, numbering 57 from all causes, be deducted from the total deaths under one year, the resulting rate will be 23 per 1,000 births (weekly average).

*s deaths from Erysipelas 0, Syphilis 7, Diabetes 18, Alcoholism 4, Locomotor Ataxia 1, terio-sclerosis 37, all other congenital causes 66.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. OCTOBER 7, 1922 No. 40.

INVIOLABILITY OF DEPARTMENT RECORDS RELATING TO THE PHYSICAL EXAMINATIONS OF INDUSTRIAL WORKERS.

Physical examinations performed by the Division of Industrial Hygiene of the Department of Health, being made by the medical inspectors of the Department, are protected from disclosure, under all circumstances, by Section 352 of the Civil Practice Acts; and as such information is reduced to writing and filed with the Department of Health and becomes a record, it is further protected and its secrecy rendered more complete by Sections 1185 and 1545 of the Charter. These Sections were tested (in the Matter of Allen, 131 N. Y. Supp. 1027) and affirmed on appeal (in 205 N. Y. 158). Briefly, these are the facts: One Allen, a taxpayer, sought access and inspection of the records of the Health Department in relation to the existence of a certain disease; the Health Department refused to permit the said inspection, and the court sustained the Department in its refusal to disclose its records upon the ground "that the records of the Health Department differ in many respects from other Municipal Departments and, in consequence of the nature of its duties, the Health Department becomes the repository of records concerning the most intimate affairs of the individuals resident within the limits of the municipality; and among these records are, doubtless, to be found many matters of no real public interest, but which might, if disclosed to whomsoever sought to examine them be used for sinister or unworthy motives. * * *." The Legislature also, evidently, appreciated the evils which might result from indiscriminate publicity of the records of the Department of Health, and left it to the wise discretion of the Department to determine what safeguards and regulations should protect the privacy of its records. This was effected by Section 1175 of the Charter, which reads as follows:

> Section 1175. The Board of Health may establish as it shall deem wise, and to promote the public good and public service, reasonable regulations as to the publicity of any of the papers, files, reports, records and proceedings of the department of health; and may publish such information as may, in its opinion, be useful, concerning births, deaths, marriages, sickness, and the general sanitary conditions of said city, or any matter, place or thing therein.

The Court of Appeals construed Section 1175 of the Charter to be a special statute, and give sanction to the Health Department establishing, for the public good and public service, reasonable regulations "as to the publicity of any of the papers, files, reports, records and proceedings of the Department of Health," and empowered

Digitized by Google

by the Board of Health to determine whether any particular document within the prescribed category shall or shall not be made public.

In conformity with these decisions, the Board of Health made certain rules and regulations regarding the examination of papers, reports, etc., and limits the knowledge and right of inspection of same to persons having a personal right or interest, or parties to a proceeding in court, or the next of kin or heirs of a person mentioned in such a report, etc., and requires that the application to inspect any such paper, file, or report, shall be made to the Secretary, and be accompanied by an affidavit showing that the person making such inspection is a taxpayer, and describing the interest of the applicant in the paper, file, or report, to be examined.

The right of a person to subpoena such a record is further safeguarded by Title 21, Rule 162 of the Rules of Civil Practice, wherein the right of the Health Department to honor a subpoena *duces tecum* to bring before a court in an action or proceeding books, papers, or other documents, or records in the possession of the Health Department, except on one day's notice to the Health Department, and also to the opposing party, or his attorney. These applications are always opposed by the Corporation Counsel appearing for the Health Department and, invariably, are denied.

Section 88 of the Sanitary Code was enacted as a further protection, and relates to reports of physicians, superintendents of hospitals and dispensaries as to venereal diseases, and specifically enacts that "all reports made in accordance with the provisions of this section, and all records of clinical or laboratory examinations indicating the presence of syphilis or gonorrhoea shall be regarded as confidential, and shall not be open to inspection by the public or by any person other than the official custodian of such reports or records in the Department of Health, the Commissioner of Health and such other persons as may be authorized by law to inspect such reports or records, nor shall the custodian of any such report or record, the said Commissioner of Health, or any such other person divulge any part of any such report or record so as to disclose the identity of the person to whom it relates."

For the purpose of further safeguarding the privacy of such records, the Health Department, as the sole custodian enacted in Rule 27 of its Rules and Regulations for Employees, the following additional barrier:

> Rule 27. No information of any kind shall be given out for publication except by the Commissioner, Deputy Commissioner, Secretary to the Commissioner, or the Director of the Bureau of Public Health Education, without formal authorization in person or in writing by one of the above named. * * * The names of complainants or of holders of permits must not be divulged by anyone connected with the Department of Health. * * *

Any infraction of the above rule renders the violator subject to charges and dismissal.

Therefore, in view of the above, it is the opinion of the Assistant Corporation Counsel for the Department of Health, that the sacredness and inviolability of records of the Health Department are safeguarded as far as is legally and humanly possible, and that no one may have access to such records, without showing a valid right and interest therein.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the eighth installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This installment was contributed by Dr. W. L. Somerset, the Chief Diagnostician of the Department.

Rabies.

Rabies is an acute, infectious and invariably fatal disease, caused by an unknown virus contained in the saliva of a rabid animal and communicated to man through bites or scratches.

Digitized by Google

Q. What is the incubation period?
A. Two weeks to a year—usually between one and six months.
Q. What is the period of communicability?
A. During the disease and for ten days prior to onset.
Q. Are some wounds caused by rabid animals more dangerous than others?
A. Yes; wounds on exposed surfaces—clothing furnishes a certain measure of protection against transmission of the virus.
Q. Describe the action of rabies virus on the human body?
A. The virus of rabies produces, either directly or through its toxines, initial excitation, subsequent depression, and ultimate destruction of all functions of the central nervous system; it produces reflex hyperexcitability, most marked in the centers of respiration and of deglutition. Convulsions of cerebral origin, paralysis of spinal origin, depression, delirium, mania, death.
Q. Inasmuch as rabies is invariably fatal, does it follow that the duration and symptoms are identical in all cases?
A. No, there are variations in the relative intensity of symptoms, depending on quantity of virus inoculated, locations of wound, and temperament of patient.
Q. What are, frequently, the first symptoms?
A. Tingling and pain at and radiating proximally from the site of the bite.
Q. How is the patient further affected?
A. Patient is excitable and voluble, reflex responses become increasingly exaggerated.
Q. What is Romberg's sign?
A. An exaggerated reflex response, even to convulsion, following the impact of current of air on skin of patient.
Q. As disease progresses what other symptoms appear?
A. Croaking voice, increased difficulty in swallowing, convulsions, paralyses.
Q. What is the mental state?
A. Patient is conscious, intelligent and terror-stricken.
Q. What is the immediate cause of death?
A. Paralysis of respiration.
Q. What are the methods of control?
A. Muzzling of dogs when on public streets, or in places to which the public has access. Detention and examination of dogs suspected of having rabies. Immediate anti-rabic treatment of people bitten by dogs or by other animals suspected or known to have rabies, unless the animal is proved not to be rabid by subsequent observation or by microscopic examination of the brain and cord.

SANITATION OF SUMMER CAMPS.

The Directory of Social Agencies lists 157 societies and organizations interested in "Fresh Air Work". Almost without exception, these agencies maintain one or more summer camps or send children to summer camps maintained by other organizations. In addition to these there are a considerable number of private enterprises which operate one or more fresh air camps, so that the total number of possible registrations under Section 217-A of the Sanitary Code is well over 200.

Section 217-A of the Sanitary Code was not adopted until June 9, 1922, and no special drive has been made to obtain the greatest possible number of registrations for the reason that the summer camps had already been put in order and some were in operation before the Section was adopted. This probably accounts for the fact that the total number of camps registered for the year is 66. They are located as follows:

Digitized by Google

New York	48
New Jersey	9
Massachusetts	2
Connecticut	6
Vermont	1
Total	66

These camps are estimated to be able to care for 23,921 children.

So far as communicable diseases are concerned, a group of diphtheria carrie was found in a camp registered in New York State, and permission was obtaine from this Department to allow them to return to their homes. Without registratio this would not have been done.

A boy attended a non-registered camp while suffering with typhoid fever, which he afterwards died. The matter was taken up with the organization sendi the boys there and the registration of their camps is now pending.

At another camp in Maine—private, non-registered—a boy from New Rochel developed poliomyelitis.

Aside from these, the camps have been remarkably free from communicable illnesses of any kind.

Because of the late adoption of this Section, we believe that this is a creditable showing for the summer camps, and that next year will show a marked increase in the number registered. The result of this Section will be a standardization of camps throughout the East which will tend to make them more sanitary and, in general, to promote the health of the children sent to them.

Several of the camps maintained by private interests for pay have, during the season, offered to pay the expenses of an inspector from the Department of Heal to visit their camps and give opinion as to the sanitary conditions therein. Of course this was a proceeding which was impossible to follow for obvious reasons.

VEGETARIAN PROPAGANDA FROM INDIA.

The Bombay (India) Humanitarian League has sent the item printed below with the request that it be published in the BULLETIN:

Although the dishes listed in the menu may seem, to most of our meat eating community, better food for reflection than for the stomach, calling attention to the fact that so many people as are numbered among the orthodox Buddhists maintain health and energy upon a strictly vegetable diet may serve to increase the consumption of vegetable food, a larger proportion of which in our daily dietary, all authorities are united in believing, would prove beneficial.

Of course, the reasons for a strictly vegetable dietary in India are not primarily based upon its salubrity.

Vegetarian Dinner in Bombay.

Under the auspices of the Bombay Humanitarian League the President of the League gave a public vegetarian dinner to some of the flesh-eating ladies and gentlemen in the Town of Bombay. The Hall was gaily decorated, writes the Secretary of the League, and the Presidential chair was occupied by a prominent parsee-merchant, Sir Hermasji C. Dinshaw (of Aden). Speeches suitable to the occasion were made by Messrs. Pothall, Editor of the *Bombay Chronicle;* Sir Hermasji C. Dinshaw, Mr. K. M. Jhaveri, Small Causes Judge K. J. Wedia; Lallubhai D. Jhaveri, President of the League; S. P. Jhabvala, Secretary of the League; J. B. Mehta, Bar-at-Law, and K. F. Nariman, B.A., LL.B.

Over 100 covers were laid. The dinner was cosmopolitan and public men of all sections joined in the function. The following was the menu:

Digitized by Google

MENU.

Vegetable Soup

Savouries:
Friture de Banan Beans-rissoles.
Friture de Koi-leaves.

Rice and Curry
with
Mung Dal and Vegetables
Lady Fingers, Bringels
Karela Chips Vegetable Stew

Patras and Popadum

Sweets:
Rice Pudding India Bread Pudding
Mavaghari (Indian Confection)

Fruits and Aerated Waters

Pansupari

Butchers' Meat Altogether Unnecessary.

"It is a vulgar error to regard meat in any form as necessary to life. All that is necessary to the human body can be supplied by the vegetable kingdom."—Sir Henry Thompson, M. D., F. R. C. S., Food and Feeding.

"Chemically speaking, flesh food is not necessary."—Prof. A. Wynter Blyth, F. R. C. S.

"Animal diet is not essential to man."—Lord Playfair, M. D., C. B.

"No physiologist would dispute with those who maintain that man ought to live on vegetarian diet."—Dr. Spencer Thompson.

"I do not consider flesh food (chemically and physiologically speaking) as a necessary food for men."—J. Edwin Cooney, M. D., M. O. H.

MORTALITY BULLETIN FOR THE WEEK ENDING SEPT. 30, 1922.

The exceedingly low death rate of 9.28 per 1,000 of the population was recorded during the week just closed as compared with the rate of 9.47 in the corresponding week of 1921, a decrease of .19 of a point, which is equivalent to a weekly decrease of 21 deaths.

The ordinary infectious diseases of childhood showed approximately the same mortality as in 1921, the mortality for both weeks being exceedingly low. One disease, however, showed a very low mortality as compared with 1921 and that was poliomyelitis, there having been only 1 death reported therefrom as compared with 20, a decrease of 19. The comparatively recent infectious disease, encephalitis lethargica, showed a mortality of 4 during the week as compared with no deaths from this cause in the corresponding week of 1921. The deaths from diarrhoeal diseases under five years of age numbered 36 during the week as compared with 65, a decrease of 29. Those causes that showed material increases were organic disease of the heart with 235 deaths as compared with 196, a decrease of 39; Bright's disease and nephritis, 91 deaths, as compared with 61, a decrease of 30; broncho pneumonia, 49 deaths, as compared with 30, an increase of 19. It is thus evident that the decreased mortality during the week was among children under five years of age.

There were 124 deaths of infants under one year of age reported during the week as compared with 187, a decrease of 63; between one and five years of age 60 deaths were reported as compared with 55, an increase of 5; between five and sixty-five years of age there was an increase of 28 deaths and at sixty-five years of age and over an increase of 25 deaths.

The death rate for the first 39 weeks of the year was 12.19 per 1,000 of the population as compared with 11.32, an increase of .87 of a point.

From January 1st to date 77 children died out of every 1,000 born as compared with 75 deaths at this age group during the corresponding period of 1921, an increase of 2 deaths per 1,000.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ASTHMA.—Herman, H. A critical study of sixty-one cases of asthma and eczema in infancy and childhood controlled by cutaneous protein sensitization tests. (Am. J. Dis. Child. Sept., 1922. pp. 221-238.)

ENDOCRINOLOGY.—Vincent, S. Critical examination of current views on internal secretions. (Lancet, Aug. 12, 1922. pp. 314-320.)

IMMUNITY.—Clark, P. F. and others. Observations in non-specific immunity. (J. Infec. Diseases. Sept., 1922. pp. 215-225. Tables.)

INDUSTRIAL MEDICINE & SURGERY.—National Industrial Conference Board. The physician in industry; a symposium. June, 1922. 98 pp. (Special report No. 22.) 613.6N21p.

INFLUENZA.—Gordon, M. H. & J. McIntosh. Discussion on bacteriology of influenza. (Brit. M. J. Aug. 19, 1922. pp. 299-305.)

RICKETS.—Hess, A. F. Influence of light in prevention and cure of rickets. (Lancet. Aug. 19, 1922. pp. 367-369.)

SYPHILIS.—Keim, H. L. and others. The Kahn Precipitation test in the diagnosis of syphilis. (A. M. A. Jour. Sept. 9, 1922. pp. 870-874.)

SYPHILIS, TREATMENT.—White, E. C. and others. Flumerin—a new mercurial for the intravenous treatment of syphilis. (A. M. A. Jour. Sept. 9, 1922. pp. 877-884.)

TONSILLECTOMY.—Heiman, H. Indications for tonsillectomy in infancy and childhood. Is the modern tendency toward universal tonsillectomy justified? (Am. J. Dis. Child. Sept., 1922. pp. 204-210.)

TUBERCULOSIS, BREAST.—Leavitt, P. H. Tuberculosis of the breast, with the report of two cases. (Boston M. & S. J. Sept. 14, 1922.)

TYPHOID FEVER.—Hadjopoulos, L. G. Complement fixation in typhoid fever. (J. Infec. Diseases. Sept., 1922. pp. 226-232. Tables.)

TYPHOID FEVER.—Miner, J. R. The incubation period of typhoid fever. (J. Infec. Diseases. Sept., 1922. pp. 296-301. Tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 8	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30
Total deaths	1091	1094	1055	978	1068	1027	1044	1050	987	999	928	960	1039
Annual Death Rate	9 75	9.77	9.48	8.74	9 54	9 17	9 88	9.88	8.82	8.92	8 29	8.58	9.28
*Acute Infectious Diseases	44	24	22	29	24	16	22	21	9	15	22	16	19
Pul. Tuberculosis..	77	89	85	88	108	75	70	104	88	98	62	69	81
Influenza	2	2	2	3	1	1	2	..	2	..	1	1	1
Lobar Pneumonia..	28	21	20	25	21	24	28	22	20	23	25	20	25
Broncho Pneum. ..	34	38	32	27	27	29	38	32	36	36	35	37	49
**Violent Deaths ...	89	94	86	75	89	80	79	90	66	62	67	69	73
Deaths under 1 year.	166	158	148	167	171	163	177	173	152	156	146	115	124
Rates per 1,000 births	65.7	62.7	56.7	66 1	67 8	64.7	70 4	68.7	60.3	62.0	58 0	45.7	49 3
Deaths under 5 years	236	224	197	234	227	214	227	230	195	196	203	180	184
" 5-65 years ...	629	682	628	555	596	576	586	574	556	601	527	567	606
" 65 years and over	226	238	235	189	245	237	231	246	226	202	198	213	252

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	190	27	231	166	224	169	247	316	284	179	251	310	247
Diphtheria	166	140	132	134	105	120	115	107	60	83	86	96	128
Measles	313	237	182	107	64	48	32	35	18	13	16	18	30
Scarlet Fever	55	43	51	32	25	24	29	33	26	35	30	34	46
Chickenpox	44	23	32	16	10	11	11	10	9	16	14	9	25
Influenza	1	7	3	7	9	5	8	4	4	4	7	11	11
Pneumonias	86	107	89	93	77	96	131	133	114	95	101	89	138
Typhoid Fever	15	18	23	39	20	33	35	46	46	34	52	22	36
Whooping Cough ...	75	67	98	126	86	98	95	97	85	86	93	116	124
Syphilis	162	227	169	222	197	168	151	155	225	188	237	251	249
Gonorrhoea	101	166	118	159	154	72	71	72	143	134	103	164	119
Poliomyelitis	2	1	1	5	4	8	8	5	8	8	7	16	15
Cerebro-spinal Meningitis	1	2	5	3	4	2	2	5	3	3	7	2	3
Total	1211	1312	1134	1109	979	854	935	1018	1025	878	1004	1138	1171

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, September 30, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	480	442	425	1059	920	87	11 00	10.15	9 76
The Bronx	732,016	809,536	131	120	117	277	67	10	8.78	7.78	7 54
Brooklyn	2,018,356	2,117,227	335	353	368	1052	332	48	8.41	8.70	9 07
Queens	469,042	516,683	67	87	97	174	46	16	7.02	8.78	9.79
Richmond	116,531	124,400	31	37	32	45	14	3	13 41	15.52	13.42
Total	5,620,048	5,889,738	1044	1039	1039	2607	1379	114	9.47	9.28	

*Corrected by redistributing deaths according to borough of residence.

During the first thirty-nine weeks of this year there were 53,213 deaths, a rate of 12.19 per 1,000 population. During the corresponding weeks of last year there were 48,651 deaths, a rate of 11.32 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Disease, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	3	33	..	1	1	8	24	16	15	6	5	26	54	78	259	105
The Bronx	1	15	..	1	..	3	10	5	5	1	3	5	18	18	79	23
Brooklyn	9	17	2	..	..	12	12	12	12	2	1	25	40	64	196	93
Queens	2	9	..	..	..	2	2	2	2	..	..	4	12	18	51	18
Richmond	..	7	..	..	..	..	1	2	2	..	..	4	5	6	18	18
Total	15	81	2	2	1	25	49	37	36	9	9	64	124	184	603	252

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	46	44 2	11	10 6	6	7	67	16.3	13	3 2	3	0.7
The Bronx	16	55 6	3	10 4	..	3	23	14 7	5	3 2	..	.
Brooklyn	42	44 5	12	12.7	2	9	66	15 6	13	3.1	9	2.1
Queens	15	86 4	1	5 4	..	..	22	21 3	3	2 9	2	1.9
Richmond	5	90 9	2	36 4	..	2	6	26 2	2	8.7	..	.
City of New York.	124	49.3	29	11 5	8	21	184	16.5	36	3.2	14	1.2

During the first thirty-nine weeks of this year 7,526 infants died, a rate of 77. per 1,000 births. During the corresponding weeks of last year 7,456 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Fever Scarlet	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 9-23-'22.	25	60	8	10	18	41	3	13	5	3	..	1	..	..	..	69	.	549	68	873
Admitted	7	19	3	11	..	15	..	10	3	3	..	..	..	..	..	8	..	22	9	110
Discharged	11	11	3	5	2	8	1	9	1	3	..	..	..	..	..	21	..	15	..	90
Died	..	3	..	1	..	3	..	1	1	..		..	..	..	..	..	..	..	..	9
Rem'g 9-30-'22.	21	65	8	15	16	45	2	13	6	3		1	..	..	..	56	..	556	77	884
Total treated	32	79	11	21	18	56	3	23	8	6	..	1	..	..	..	77		571	77	983

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1089	1044	557	482	124	31	29	184	35	53	207	308	302
1. Typhoid Fever	2	..	1	1	..	..	..	..	..	2	..	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	..	..	..	..	..	..	..	..	..	..	..	..	..
6. Scarlet Fever	1	1	1	..	..	..	1	1	..	..	..	..	..
7. Whooping Cough	10	7	4	6	4	3	3	10	..	..	.	..	..
8. Diphtheria	4	6	3	1	1	1	1	3	1	..	..	..	..
9. Influenza	2	5	..	2	..	1	1	2	..	..	..	..	..
Poliomyelitis	1	20	1	..	..	..		..	1	..	..	..	..
12. Other Epidemic Diseases	3	2	3	..	1	..	1	2	1	..	..	..	..
13. Pulmonary Tuberculosis	81	80	57	24	..	1	..	1	3	18	39	17	3
14. Tbc. Meningitis	5	6	4	1	1	1	1	3	1	..	..	1	..
15. Other forms Tbc.	8	9	4	4	2	1	..	3	..	3	2	..	..
16. Cancer, Malignant Tumor	109	107	43	66	..	1	..	1	..	1	23	54	30
17. Simple Meningitis	2	1	2	..	..		1	1	..	1	..	..	..
17a. Cerebro-spinal Meningitis	2	2	1	1	1	1	..	2	..	..	..	..	..
18. Apoplexy, Softening of the Brain	9	20	4	5	..	..	..	..	..	1	1	4	3
19. Organic Heart Diseases	224	189	101	123	..	..	1	1	3	9	32	71	108
20. Acute Bronchitis	1	8	1	..	1	..	..	1	..	..	..	..	..
21. Chronic Bronchitis	..	1	.	.	.	.	.	.	..	..	..	..	.
22. Lobar Pneumonia	25	35	16	9	2	4	3	9	3	1	3	6	3
22a. Broncho Pneumonia	49	30	28	21	15	7	4	26	3	..	1	3	11
23. Other Respiratory Diseases	8	4	5	3	..	1	1	2	..	1	..	3	2
24. Diseases of the Stomach (Cancer excepted)	8	10	5	3	2	..	..	2	..	..	3	2	1
25. Diarrhoeal Diseases (under 5 years)	36	65	22	14	29	4	3	36	..	..	..	..	..
26. Appendicitis and Typhilitis	15	16	8	7	..	1	1	2	3	2	5	3	..
27. Hernia, Intestinal Obstruction	10	4	5	5	1	1	..	2	..	..	2	5	1
28. Cirrhosis of Liver	3	3	1	2	..	..	..	..	.	1	..	2	..
29. Bright's Disease and Nephritis	91	61	54	37	..	1	1	2	..	..	18	43	28
30. Diseases of Women (not Cancer)	5	5	..	5		..	..	..	..	..	4	1	..
31. Puerperal Septicaemia	1	..	..	1	..	..	..	..	..	..	1	..	..
32. Other Puerperal Diseases	5	11	..	5	..	..	..	..	..	..	5	..	..
33. Congenital Debility, and Malformations	50	77	28	22	49	1	..	50	..	..	..		..
34. Old Age	6	1	4	2	..	..	..	..	..	..			6
35. Violent Deaths	78	65	57	16	..	..	5	5	8	6	25	16	18
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	..
b. Other Accidents	64	55	49	15	..	..	5	5	8	2	22	14	13
c. Homicide	9	10	8	1	..	..	..	..	..	4	3	2	
36. Suicide	9	15	6	3	..	..	..	..	..	..	5	4	
*37. All other causes	176	178	84	92	18	1	1	15	8	7	37	66	43
38. Ill-defined causes	5	8	4	1	2	..	..	2	..	..	1	2	.

Deaths in Institutions,	441	Mean temperature,	63.8 deg. Fahr.
Mean barometer,	30.02	Minimum temperature,	44.0 deg. Fahr.
Mean humidity,	62.1	Maximum temperature,	86.0 deg. Fahr.
Precipitation,	Trace		

†If the deaths under one month, numbering 58 from all causes, be deducted from the total one year, the resulting rate will be 26 per 1,000 births (weekly average).

*deaths from Erysipelas 1, Syphilis 6, Diabetes 24, Alcoholism 1, Locomotor Ataxia 1, Arterio-sclerosis 38, all other congenital causes 8.

25a-2023-23-0°C

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. OCTOBER 14, 1922. No. 41.

ANOTHER PHYSICIAN FINED.

It is again with regret that the Department announces that it was recently constrained to take action against another physician who had failed to comply with the requirements of the Sanitary Code.

The facts were as follows: In April of this year, a mother brought her two-year-old child, who was ill, to the office of her family physician for treatment. The physician had previously seen the child and, suspecting diphtheria, had taken a culture which was reported as showing diphtheria bacilli. When the mother returned to the office of the physician for further treatment, he informed her that the child was suffering from diphtheria, with laryngeal involvement. The mother questioned his diagnosis and the physician, to convince, directed her to take the child to the office of the Department, a distance of nearly two miles.

The mother presented herself at headquarters with the following note from the doctor: "Baby S. has a *positive* culture *surely laryngeal.* Mother of baby does not believe. *Kindly inject.*" In the course of the child's travels through the streets and in public conveyances, to the Department, and within the office building of the latter as well, a number of children were obviously imperiled by contact with this diphtheria patient. It would seem that a physician, who has received instruction as to the mode of transmission of communicable diseases, would have seen at once that the action which this mother was counselled to take constituted a grave source of danger to others, and was in conflict with elementary medical teachings. He certainly showed a serious lack of judgment.

Not infrequently, those officers in the Department, whose primary duty and obligation it is to protect the public against the spread of communicable disease, find evidence that children suffering from such diseases have come in contact with other children during the quarantine period, because the attending physician had, in a more or less direct manner, sanctioned a laxity in the maintenance of quarantine. Because of the relative frequency of such complaints, the Department was constrained, in this instance, to take action against the doctor, and deems it in the interest of the public welfare to publish the facts, so that other physicians may be advised that any act on their part which tends to set at naught the efforts of the Department to maintain proper quarantine, constitutes a violation of Section 100 of the Sanitary Code, which reads as follows:

Digitized by Google

Section 100. Acts tending to promote spread of disease prohibited.—No person shall by any exposure of any individual sick of any infectious disease, or of the body of such person, or by any negligent act connected therewith, or in respect of the care or custody thereof, or by a needless exposure of himself, cause, contribute to, or promote, the spread of disease from any such person, or from any dead body. (S. C. Sec. 143.)

COLLECTION OF MOTHERS' MILK FOR SPECIAL CASES.

The collection of breast milk has proven a failure in most of the Baby Health Stations and elsewhere, with the exception of the Baby Health Station at 108 Cherry Street. At present we are obtaining breast milk from seven mothers, and the amount averaged daily is 99 ounces. These mothers receive a total of $9.90 a day for their milk, or 10 cents per ounce. The largest amount supplied was 30 ounces a day, the mother receiving $3.00. The smallest amount was 4 ounces. This milk is supplied to the following institutions: Post-Graduate Hospital, 20 ounces per day; Mt. Sinai Hospital, 16 ounces; St. Christophers Hospital, 28 ounces; St. John's Guild, 20 ounces; private families, 15 ounces.

The furnishing of breast milk to hospitals is an exceedingly important function as it is found that the mixed milk of several mothers is as good for babies as the individual breast of the wet nurse, and we feel that this work at Cherry Street has saved the lives of many infants during the last few months, as the milk is used mostly for cases of pyloric stenosis which cannot be fed artificially.

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the ninth installment of the "Quiz Manual." in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This instalment was contributed by Dr. John Randolph Graham, Borough Diagnostician of the Department.

Anthrax.

Q. What is the infectious agent?
A. Bacillus anthracis.
Q. What is the source of infection?
A. Hair, hides, flesh, and feces of infected animals.
Q. What is the mode of transmission?
A. Inoculation as by accidental wound or scratch, inhalation of spores of the infectious agent, and ingestion of insufficiently cooked infected meat.
Q. What is the incubation period?
A. Within seven days.
Q. What is the period of communicability?
A. During the febrile stage of the disease and until lesions have ceased discharging. Infected hair and hides of infected animals may communicate the disease for many months after slaughter of the animal, and after curing of hide, fur, or hair, unless disinfected.
Q. What are the types of the disease?
A. Cutaneous, gastro-intestinal, pulmonary.
Q. In this article, what is referred to as anthrax?
A. The cutaneous form only, inasmuch as the internal forms are rare and not susceptible to clinical diagnosis.
Q. In what kind of work is the liability to anthrax especially marked?

Digitized by Google

A. In the caring for herbivorous animals and in the handling of the hair and hides of such animals.

Q. Is the disease spread in other ways?

A. Yes, and particularly by the use of infected shaving brushes.

Q. Is the susceptibility to the disease in the human race very pronounced?

A. Apparently not.

Q. Is there much danger of the disease passing from one human being to another?

A. Also, apparently not. In 30 years, in New York City, there has not been a secondary case of anthrax in human beings.

Q. Is the bacillus anthracis easily recognized under the microscope?

A. Yes.

Q. How can we determine quickly whether or not we are dealing with anthrax?

A. By examining a smear taken directly from the lesion.

Q. Does the blood show the organisms?

A. Yes, but never early in the disease.

Q. What prognosis does the finding in the organism in the blood indicate?

A. A very grave prognosis.

Q. What portions of the body does the disease attack?

A. Almost without exception, the exposed portions of the body.

Q. What are the most common locations of the lesion?

A. The neighborhood of the angle of the jaw, the face, the neck and the wrist in the order named.

Q. How does the bacillus gain access to the body?

A. Through an abrasion of the skin, usually a very superficial scratch or razor cut.

Q. What does the patient first complain of?

A. A persistent though not very annoying burning or itching sensation at the point of inoculation.

Q. What is the first thing noted objectively?

A. An insignificant pimple, dark red in color, which looks at first not unlike an acute lesion.

Q. Does the pimple enlarge in size?

A. Yes, and very rapidly.

Q. Through what stages does the lesion pass?

A. It develops first into a large papule, then into a tumor as large as a hen's egg and sometimes even larger, and it eventually assumes the appearance of a fairly diffuse, angry-looking cellulitis.

Q. What important early change takes place in the papule?

A. Within a few hours of its appearance it acquires a so-called *pustular* "head".

Q. Does this head contain real pus?

A. No, if it is pricked, only bloody serum exudes. It is therefore badly named.

Q. Does the pustule remain long intact?

A. No, within a very short time it is either opened by the patient, is cut in shaving, or it breaks down spontaneously.

Q. Is the physician liable to see the pustule?

A. No, as a rule, it will have ruptured before he is called.

Q. What happens when the pustule ruptures?

A. There immediately forms in its place a black eschar.

Q. What are the special characteristics of this eschar?

A. (a) It is purplish black in color.
(b) It varies in size from that of a split-pea to that of a silver dollar.
(c) It is usually depressed below the surface of the lesion.

Digitized by Google

(d) Its border may be smooth or serrated.
(e) Its contour may be round or irregular.
(f) It may be surrounded by a pustular rim.
(g) It is very tough in structure and it adheres firmly to the underlying tissues.

Q. Is the eschar an important diagnostic feature?
A. Very important.
Q. Is it always present?
A. Yes, it invariably forms on the site of the ruptured pustule.
Q. When does the first evidence of edema appear?
A. Very soon after the initial appearance of an inflammatory disturbance at the point of inoculation.
Q. Does the edema develop rapidly?
A. Yes, with extreme rapidity.
Q. Is the edema limited to the immediate vicinity of the focus of infection?
A. No, it spreads far beyond the central inflamed area, it has no apparent bounds and is always away out of proportion to the disturbance around the focus of infection.
Q. Is the point of inoculation in the center of the edematous area?
A. Sometimes, but just as often it may be on or near the edge of this area.
Q. Is there a sharply defined line of demarcation between the papule and the edema?
A. No, the inflamed mass merges or blends with the edematous process without any noticeable line of demarcation.
Q. Is the skin covering the entire inflammatory process red?
A. In the early stages the redness is confined strictly to the region around the pustule, but with the further development of the disease the redness spreads outward until it may eventually involve the skin covering the entire edematous area.
Q. Is there anything characteristic about the redness of the skin in the advanced case of anthrax?
A. Yes; the skin in the neighborhood of the eschar is always of a deep angry red; just beyond this area there is generally seen a zone with fairly well defined borders in which the color is of a decidedly lighter tint; this zone in turn is bordered by another zone of varying size in which the redness is again very intense; the color of the skin then fades out gradually until at a considerable distance from the point of inoculation it becomes normal.
Q. What constitutional reaction does the patient show?
A. He may have a very high temperature and a very rapid pulse, though frequently in really severe infections both fever and pulse may approximate normal.
Q. Is the infection painful?
A. Apparently pain is negligible, at least the victims seldom mention it unless asked about it.
Q. What is the mental attitude of the patient?
A. Apathetic as a rule and perhaps a little dazed, but in the absence of a pre-existent organic defect he is always conscious.
Q. Does the patient exhibit physical weakness?
A. Yes, marked weakness on exertion, though aside from a pasty pallor, he may not give much evidence of severe illness when he is at rest.
Q. Is there a leucocytosis?
A. Yes, always. Cases have been reported as showing 30,000 white cells, but the average probably runs between 14,000 and 20,000.
Q. Aside from the use of laboratory methods, can the diagnosis be readily made from evidences on the surface of the body?
A. Yes, for the skin offers one of the cleanest cut and most consistently regular pictures seen in an entire field of infectious diseases.

Digitized by Google

Q. In arriving at a diagnosis what points should be considered?
A. (a) The occupation of the patient.
(b) The recent use of a new shaving brush.
(c) The history of the formation of the small red pimple, then a larger dark red papule, than a tumor of variable size, and then a cellulitis-like process.
(d) The early appearance of a pustular head and the prompt rupture of this head.
(e) The immediate formation of a black eschar.
(f) The development of an edema which spreads far beyond the central inflamed area.
(g) The comparative freedom of pain in a most vicious-looking process.
Q. Do constitutional symptoms aid in reaching a conclusion?
A. No, as there is nothing characteristic about them.
Q. From what lesions may it be necessary to differentiate anthrax?
A. Carbuncle and chancre.
Q. How do we differentiate carbuncle from anthrax?
A. In the former disease we have no eschar, no marked edema, slight constitutional reaction, the presence of cribriform openings and the absence of the causative organism.
Q. How do we differentiate chancre from anthrax?
A. In the rare instance where doubt arises, a resort to laboratory methods would be the quickest way to decide the question.
Q. How does the Department of Health endeavor to prevent the spread of anthrax among human beings?
A. Through disinfection of all ascertainable sources of the infection.

MORTALITY BULLETIN FOR WEEK ENDING OCTOBER 7TH, 1922.

The death rate during the week took a considerable jump as compared with all the preceding weeks back to the week of June 17th at which time the severe epidemic of measles prevailed and was responsible for the comparatively high weekly rate. There were 1,135 deaths and a rate of 10.14, as compared with 996 deaths and a rate of 9.04 in the corresponding week of 1921, an increase in the absolute number of deaths of 139 and in the rate of 1.10 points, which is equivalent to an increase of 123 deaths.

By far the greater part of this increase was due to the causes of death that affect middle life and old age, such as organic heart disease with an increase of 37 deaths; digestive diseases with an increase of 29 deaths; Bright's disease, with an increase of 16 deaths; cancer, with an increase of 13 deaths, and pneumonia, with an increase of 28 deaths, an increase all told of 123 deaths which corresponds exactly with the increase in the total from all causes in the two weeks under comparison. The contagious diseases of childhood all showed low figures, the exception being diphtheria from which 9 deaths were reported, as compared with 4.

Viewed from the point of age grouping, there was an increase of 15 deaths under one year of age; 11 deaths between one and five years of age; 81 deaths between five and sixty-five years of age, and 32 deaths at sixty-five years of age and over.

The death rate for the first 40 weeks of the year was 12.14, as compared with 11.26 in the corresponding period of 1921, an increase of .88 of a point per 1,000 of the population.

There were 77 deaths of infants under one year of age out of every 1,000 born from January 1st to date, as compared with 75 deaths at this age group in the corresponding period of 1921, an increase of 2 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

AIR.—Hill, L. Clean air. (J. Royal San. Institute. Sept., 1922. pp. 67-81.)

DIETETICS.—Pearson, R. B. Fasting and man's correct diet. 1921. 153 pp.

DIPHTHERIA.—Brown, E. G. Analysis of a diphtheria epidemic. (A. M. A. Jour. Sept. 23, 1922. pp. 1036-1037. Tables.)

ENCEPHALITIS, EPIDEMIC.—Heagey, F. W. The cerebellar manifestations of epidemic encephalitis. (N. Y. Med. J. & Med. Rec. Sept. 20, 1922.)

EPILEPSY.—Patrick, H. T. and D. M. Levy. The diagnosis of epilepsy. (A. M. A. Jour. Sept. 23, 1922. pp. 1009-1014.)

INFLUENZA EPIDEMIC.—Baehr, G. & L. Loewe. Experimental reproduction of the specific histopathology of influenza. (Arch. Int. Med. Sept. 15, 1922. pp. 307-320. Illus.)

MATERNITY WELFARE.—Rude, A. S. The Sheppard-Towner Act in relation to public health. (A. M. A. Jour. Sept. 30, 1922. pp. 959-964.)

NUTRITION.—Copeland, R. S. Overweight—guard your health. (1922. 122 pp. Tables.) 612.3977C8

SCHOOLS, CONTINUATION.—Kelsaver, [illegible] R. Continuation schools as the feeders of industry. (Trained Nurse. Oct., 1922. pp. 312-316. Illus.)

TEETH.—Potts, H.—Infections and inflammations of the investing tissues of the teeth. (A. M. A. Jour. Sept. 16, 1922. pp. 927-928.)

TONSILLECTOMY.—Place, E. H. Tonsillectomy in contagious diseases. (Boston M. & S. J. Sept. 21, 1922. pp. 434-44. Tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 15	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. [illegible]
Total deaths	1094	1055	978	1068	1027	1044	1050	987	999	928	980	1039	[illegible]
Annual Death Rate	9.77	9.43	8.74	9.54	9.17	9 33	9.38	8.82	8.92	8 29	8.58	9.28	1 [illegible]
*Acute Infectious Diseases	24	22	29	24	16	22	21	9	15	22	16	19	[illegible]
Pul. Tuberculosis..	89	85	88	103	75	70	104	88	98	62	69	81	[illegible]
Influenza	2	2	3	1	1	2	..	2	..	1	1	2	[illegible]
Lobar Pneumonia..	21	20	25	21	24	28	22	30	23	25	20	25	[illegible]
Broncho Pneum. ..	38	32	27	27	29	38	32	36	36	36	37	49	[illegible]
**Violent Deaths ...	94	86	75	89	80	79	90	66	62	67	69	78	[illegible]
Deaths under 1 year.	158	143	167	171	163	177	178	152	156	146	115	134	[illegible]
Rates per 1,000 births	62.7	56.7	66.1	67.8	64.7	70 4	68.7	60.3	62.0	58.0	45.7	49 3	[illegible]
Deaths under 5 years	224	197	234	227	214	227	230	195	196	203	189	194	[illegible]
" 5-65 years ...	632	628	555	596	576	586	574	556	601	527	567	603	[illegible]
" 65 years and over	238	235	189	245	237	231	246	226	202	198	212	232	[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	27	231	166	224	169	247	316	284	179	251	310	247	[illegible]
Diphtheria	140	132	134	105	120	115	107	60	83	96	96	126	[illegible]
Measles	237	132	107	64	48	32	85	18	18	16	18	20	[illegible]
Scarlet Fever	48	51	82	25	24	29	33	26	35	30	34	46	[illegible]
Chickenpox	28	32	16	10	11	11	10	9	16	14	9	25	[illegible]
Influenza	7	3	7	9	5	8	4	4	4	7	11	11	[illegible]
Pneumonias	107	89	93	77	96	131	133	114	95	101	99	135	[illegible]
Typhoid Fever	18	28	39	20	33	35	46	46	34	52	22	35	[illegible]
Whooping Cough ...	67	98	126	86	98	95	97	85	86	93	116	126	[illegible]
Syphilis	227	169	232	197	168	151	155	225	188	237	251	269	[illegible]
Gonorrhoea	166	118	159	154	72	71	72	143	134	103	164	119	[illegible]
Poliomyelitis	1	1	5	4	3	3	5	3	3	7	16	15	[illegible]
Cerebro-spinal Meningitis	2	5	3	4	2	2	5	3	3	7	2	3	[illegible]
Total	1812	1184	1109	979	854	935	1018	1025	878	1004	1189	1171	[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 7, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	447	522	510	948	385	49	10 24	11.99	11.71
The Bronx	732,016	809,586	109	125	117	278	67	9	7.80	8.05	7 54
Brooklyn	2,018,356	2,117,227	380	362	372	974	369	36	8.29	8 92	9.17
Queens	469,042	516,683	84	91	106	216	48	8	8.81	9.19	10.70
Richmond	116,581	124,400	26	35	80	57	10	1	11 19	14 68	12.58
Total	5,620,048	5,839,788	996	1135	1135	2473	874	103	9 04	10.14	

*Corrected by redistributing deaths according to borough of residence.

During the first forty weeks of this year there were 54,348 deaths, a rate of 12.14 per 1,000 population. During the corresponding weeks of last year there were 49,647 deaths, a rate of 11.26 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	3	27	..	..	..	17	27	17	17	7	3	35	95	121	294	107
The Bronx	1	16	..	1	2	4	10	4	3	1	..	5	14	23	74	28
Brooklyn	7	21	..	1	1	13	13	6	6	3	3	15	51	73	204	85
Queens	8	7	..	..	1	2	5	.	.	4	..	7	11	17	55	19
Richmond	..	7	..	..	..	..	1	1	1	..	..	3	3	3	22	10
Total	19	78	..	2	4	36	56	28	27	15	6	65	174	237	649	249

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Rate per 1,000 Living.	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	84	80 9	10	9.6	8	6	108	26.3	13	3 2	2	0.5
The Bronx	18	62 7	2	7 0	..	1	27	17.3	4	2 6	1	0.6
Brooklyn	52	55 0	4	4.2	1	2	76	17 9	7	1.6	6	1.4
Queens	16	85 5	..	..	..	..	22	21 3	.	.	7	6.8
Richmond	4	72.7	3	54.5	..	1	4	17.5	3	13.1	..	..
City of New York.	174	69.2	19	7.1	9	10	237	21.2	27	2.4	16	1 4

During the first forty weeks of this year 7,700 infants died, a rate of 77. per 1,000 births. During the corresponding weeks of last year 7,615 died, a rate of 75. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Fever Scarlet	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 9-30-'22.	21	65	8	15	16	45	2	13	6	3	..	1	..	..	..	56	..	556	77	884
Admitted	4	18	11	11	4	8	..	8	1	1	..	2	..	..	..	11	..	16	5	100
Discharged ..	.	17	..	11	5	8	1	..	..	1	..	1	..	..	..	16	..	21	1	82
Died	..	1	..	..	.	1	..	1	1	1	.	1	..	..	..	..	..	..	.	6
Rem'g 10-7-'22.	25	65	19	15	15	44	1	20	6	2	.	1	..	..	..	51	..	551	81	896
Total treated	25	83	19	26	20	53	2	21	7	4	..	3	..	..	..	67		572	82	984

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1135	966	607	528	174	28	35	237	2	61	212	344	269
1. Typhoid Fever	3	4	3	..	..	..	..	..	..	2	1	..	
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	
5. Measles	1	..	1	..	..	..	1	1	..	..			
6. Scarlet Fever	2	..	1	1	..	..	2	2		..		..	
7. Whooping Cough	7	7	1	6	4	2	1	7		..		..	
8. Diphtheria	9	4	3	6	1	..	5	6	3	..			
9. Influenza	2	6	1	1	..	..	..	..	..	1	..	..	1
Poliomyelitis	3	3	3	..	..	..	3	3		..	..		
12. Other Epidemic Diseases	2	3	1	1	..	..	..		..	1	..	1	..
13. Pulmonary Tuberculosis	78	75	49	29	1	..	1	2	..	13	42	18	3
14. Tbc. Meningitis	12	6	7	5	3	3	2	8	..	1	2	1	
15. Other forms Tbc.	11	6	6	5	1	1	..	2	1	1	7	..	..
16. Cancer, Malignant Tumor	122	109	63	59	..	..	..	..	..	2	16	71	33
17. Simple Meningitis	6	2	1	5	2		1	3	1	.	1	1	..
17a. Cerebro-spinal Meningitis	..	1	..	..	..	.	..	..	..	..	..	..	.
18. Apoplexy, Softening of the Brain	3	12	..	3	..	..	..	..	..	..	..	1	2
19. Organic Heart Diseases	215	177	110	105	..	..	..	..	7	10	27	74	97
20. Acute Bronchitis	4	3	2	2	3	..	..	3	..	..	..	1	..
21. Chronic Bronchitis	2	2		2					..	..	..	1	1
22. Lobar Pneumonia	36	37	16	20	4	3	1	13	..	..	9	11	3
22a. Broncho Pneumonia	56	28	29	27	27	3	5	35	1	1	2	5	12
23. Other Respiratory Diseases	7	7	5	2		..	..	..	1	1	1	2	2
24. Diseases of the Stomach (Cancer excepted)	10	10	9	1	..	..	..	..	..	..	5	3	2
25. Diarrhoea, Dysentery and Enteritis under 5 years	27	52	12	15	19	5	3	27	..	..			
26. Appendicitis and Typhlitis	16	8	11	5		..	..	..	2	1	7	6	..
27. Hernia, Intestinal Obstruction	18	10	11	7	2	..	..	2	..	..	4	8	4
28. Cirrhosis of Liver	6	4	3	3	..	..	..	..		..	1	4	1
29. Nephritis and Bright's Disease	52	66	39	43	..	1	1	2	..	..	11	29	20
30. Diseases of Women (not Cancer)	4	7	..	4			..	..	..	1	1	2	..
31. Puerperal Sepsis	..	2	.	..		..	..	..		..	..	..	
32. Other Puerperal Diseases	7	14	.	7	..	..	..	..	..	1	6	..	
33. Congenital Debility, and Malformations	83	68	48	35	83	..	..	83	..	..	..		..
34. Old Age	7	2	4	3								1	6
35. Violent Deaths	71	60	53	18	1	2	5	8	21	5	22	12	3
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	..
b. Other Accidents	65	57	48	17		2	5	7	21	4	19	11	3
c. Homicide	6	3	5	1	1	..	.	1	..	1	3	1	
36. Suicide	15	12	11	4	..	..		..		..	5	8	2
*37. All other causes	206	182	102	104	23	3	4	30	5	10	40	74	47
38. Ill-defined causes	2	2	2		..	..	..	..	..	..	2	.	..

Deaths in Institutions,	519	Mean temperature,	70.3 deg. Fahr.
Mean barometer,	29.83	Minimum temperature,	57. deg. Fahr.
Mean humidity,	68.9	Maximum temperature,	89. deg. Fahr.
Precipitation,	.48		

hs under one month, numbering 82 from all causes, be deducted from the total year, the resulting rate will be 37 per 1,000 births (weekly average).
ths from Erysipelas 2, Syphilis 8, Diabetes 16, Alcoholism 4, Locomotor Ataxia erio-sclerosis 52, all other congenital causes 11.

25a-3023-23-0°C

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. OCTOBER 21, 1922 No. 42

MORTALITY OF THE CITY OF NEW YORK DURING 1921, COMPARED WITH THAT OF LARGE CITIES OF EUROPE.

A comparison of the death rates for the year 1921, of nineteen of the large cities of Europe with that of the City of New York, shows that 1921 was a phenomenal year as regards the low death rates recorded. Two of these cities, Amsterdam and Stockholm, showed rates slightly below that of New York, but the rates are not strictly comparable for the reason that in some of the continental cities, notably the French, Belgian and Dutch, the deaths of children occurring before the registration of their births are not comprised in the death totals, with the result that the death rates of these cities are actually higher than those reported. The low death rate in Amsterdam of 10.34 and the low infant mortality rate of 54 deaths per 1,000 births are, therefore, not strictly true rates by reason of this non-inclusion of the deaths of young infants under three days old. In the City of New York if an infant dies, even a moment after birth, this birth is counted as a death and recorded as such. If the mortality of infants under one year of age in the city of Stockholm be analyzed, we find that there is a strong possibility that the deaths of extremely young infants are not all recorded, so that it may be justly claimed that the death rate of the City of New York, for the year 1921, was the lowest of any of the cities specified in the tabulation. Rouen had the highest death rate, 21.88 per 1,000 of the population; Budapest was the next, with a rate of 20.35; then comes a tremendous drop in the rate to that of Vienna, 15.44; Glasgow had a rate of 15.11; Paris, a rate of 14.43; Milan, a rate of 14.39. The German cities showed rather low death rates: Bremen, 11.71; Dresden, 12.45; Hamburg, 12.13; Cologne, 13.16; Munich, 13.31. The English cities, Birmingham, London, Bradford, Manchester and Liverpool, showed rates of 11.27, 12.46, 13.72, 13.81 and 14.27, respectively.

Typhoid Fever.

Milan showed the comparatively high death rate from this cause of 29 per 100,000 of the population, as compared with 7 in Amsterdam and Rouen, 6 in Brussels and Vienna, 5 in Paris, 2 in the cities of Dresden, Hamburg, Manchester, and New York. Liverpool, London, Stockholm, and Bradford had low rates of 1 per 100,000 of the population. Two of the large German cities, Bremen and

Digitized by Google

Cologne, had no deaths from typhoid fever. Budapest, Munich, and Birmingham had rates below 1 per 100,000 of the population.

Measles.

Liverpool had the highest rate, 40 per 100,000; with a rate of 31 in Budapest and 24 in Brussels; Paris had a rate of 6; London a rate of 5; and New York's rate of 3.

Scarlet Fever.

Budapest showed the high rate of 50; Manchester, a rate of 8; New York a rate of 7; London, a rate of 6; and all the other cities a rate of 5 or under.

Whooping Cough.

Glasgow headed the list with a rate of 67; Liverpool had a rate of 26, Manchester, one of 23; Amsterdam, 19; London, 12; and New York City, 6.

Diphtheria and Croup.

London had the highest rate, 25 per 100,000; Rouen was next with 19; New York, 16; Budapest, 14; Glasgow and Birmingham, 13 each; Manchester and Liverpool, 12. Milan showed an extremely low rate of 2. Stockholm, Vienna and Amsterdam had rates of 4 per 100,000.

Pulmonary Tuberculosis.

Large variations are shown in the death rate from this cause. In Budapest the rate was 312; in Rouen, 274; Paris, 243; and Vienna, 211. The French, German, Austrian, and Hungarian cities showed much higher rates than the English cities and very much higher rates than that of New York City, which was 89, the lowest rate of all the cities in the table.

Other Tuberculous Diseases.

Here again the rate of New York City was the lowest, 13 out of every 100,000 of the population; the next lowest city was Birmingham, England, with a rate of 16. Vienna showed a rate five and one-half times greater; Rouen, five times greater; Budapest, four and one-half times greater; and Milan almost four times greater than that of New York. The rate in Paris was 42; in Glasgow, 40; and in Bremen 38, as compared with 13 in New York City. London showed a rate of 21.

Cancer and Sarcoma.

With the exception of the city of Brussels, with a rate of 93 per 100,000, New York City had the lowest death rate of any of the other cities, the rate being 97. Rouen had the highest rate, 189; Munich was next, with a rate of 151; Budapest, 145; Dresden, 142; and Vienna, 140. The London rate was 133; and the Paris rate was 139. It is probable that the high death rate from this cause was indirectly due to the loss, during the war, of a large number of young males, thus increasing the percentage of the population living at the cancer ages—that is, above forty-five years of age.

Broncho and Lobar Pneumonia.

The rates in this column are misleading, to a considerable extent, by reason of the lack of uniformity in the certification of deaths from the respiratory diseases, by physicians in various cities and countries. Bronchitis has long been considered by authorities an indefinite cause of death, except in the extreme young and in the extremely aged, and the result of years of effort to improve certification has been the transfer of deaths ascribed to bronchitis to either broncho or lobar pneumonia. A practical example of this divergence of medical opinion and official procedure is obtained by comparing the death rate from pneumonia in New York City and London. The rate in New York City was 21

Digitized by Google

	Estimated Population, 1921.	Total Deaths from all Causes.	Death Rate per 1,000 Population.	Typhoid Fever—Death Rate per 100,000.	Typhus Fever—Death Rate per 100,000.	Measles—Death Rate per 100,000.	Scarlet Fever—Death Rate per 100,000.	Whooping Cough—Death Rate per 100,000.	Diphtheria & Croup—Death Rate per 100,000.	Pul. Tuberculosis—Death Rate per 100,000.	Other Forms Tbc.—Death Rate per 100,000.	Cancer & Sarcoma—Death Rate per 100,000.	Ep. Cerebro-Spin. Men.—Death Rate per 100,000.	Br. & Lob. Pneumonia—Death Rate per 100,000.	Total Births Reported.	Birth Rate per 1,000 Population.	Death Rate Under One Year per 1,000 Births.
sterdam, Holland	680,912	7,039	10.34	7	—	10	*	19	4	99	27	137	1	99	15,009	22.08	54
mingham, England ...	919,683	10,361	11.27	*	—	17	4	10	13	97	16	111	*	103	22,134	24.07	83
dford, England ...	291,100	3,994	13.72	1	—	19	4	13	9	92	24	136	2	80	5,696	19.57	109
men, Germany ...	279,515	3,273	11.71	—	2	5	1	4	7	141	38	112	1	120	6,056	21.67	98
ssels, Belgium ...	209,038	2,570	12.29	6	—	24	—	5	5	121	19	93	*	109	3,398	16.26	104
dapest, Hungary ...	933,341	18,996	20.35	*	*	81	50	12	14	312	57	145	*	40	19,592	20.99	161
esden, Germany ...	599,900	7,472	12.45	2	—	4	3	4	7	131	18	142	—	91	11,006	18.35	116
sgow, Scotland ...	1,034,069	15,625	15.11	2	*	11	5	67	13	105	40	122	5	143	29,710	28.73	105
mburg, Germany ...	1,031,470	12,516	12.13	2	—	5	3	6	9	111	21	130	*	118	18,118	17.57	97
logne, Germany ...	668,851	8,805	13.16	—	3	12	3	7	14	147	32	111	*	141	15,547	23.24	141
ondon, England ...	4,514,405	56,259	12.46	1	—	5	6	12	25	107	21	133	2	84	99,839	22.11	81
anchester, England ...	730,551	10,093	13.81	2	—	*	8	23	12	132	34	128	*	112	17,601	24.09	97
lan, Italy ..	718,523	10,338	14.39	29	—	1	2	1	2	138	49	120	1	185	12,126	16.88	104
unich, Germany ...	673,000	8,906	13.31	*	—	17	1	8	8	131	22	151	*	62	11,791	17.52	128
iverpool, England ...	817,000	11,666	14.27	1	—	40	5	26	12	128	36	109	2	165	21,904	26.85	107
aris, France.	2,906,472	41,955	14.43	5	*	6	1	1	6	243	42	129	2	116	52,011	17.90	95
ouen, France.	123,712	2,706	21.88	7	—	*	3	2	19	274	62	189	2	170	2,810	22.72	159
tockholm, Sweden	420,915	4,661	11.07	1	—	3	2	1	4	138	28	134	1	81	6,260	14.87	60
ienna, Austria	1,868,839	28,297	15.14	6	*	2	2	4	4	211	71	140	*	122	28,789	15.41	137
. Y. City ..	5,751,859	64,257	11.17	2	—	3	7	6	16	89	13	97	3	113	134,241	23.34	71

* Less than 1 per 100,000.
† Administrative County.

in London, 84, a difference of 29 points. This difference is the result of improved certification in the City of New York, such as is not obtained in the administrative county of London. In the year 1920, there were 10,155 deaths reported in London from bronchitis and the pneumonia, 4,837 of which (this is, 47% of the total) were deaths attributed to bronchitis; for the City of New York, the same year, 10,844 deaths were reported from bronchitis and pneumonia, only 786 of which were deaths attributed to bronchitis, approximately 7%, in strong contrast to the London figures. In consequence of this difference in statistical treatment, it would be advisable to refrain from hasty conclusions as to the mortalities from the pneumonias in various cities. What is true of what has been said above, in regard to London, is true of the other English cities, and to a slighter extent of the German cities.

Death Rates of Infants Under One Year of Age.

The city showing the lowest rate was Amsterdam, with a rate of 54 per 1,000 births reported. As stated previously, the comparison of infant mortalities of the American, English, or German cities, with those of France, Belgium, or Holland, is affected by the procedure in the latter of not recording deaths of children previous to the third day of life. This vitiates, to a certain extent, such comparison. Stockholm shows a rate of 60, as compared with 71 for New York City. The dif-

Digitized by Google

ference of 11 points in the infant mortality rate between Stockholm and New York is explained, partly, by the difference in the laws regarding the filing of certificates of death of extremely young infants and, to a great extent, to the extremely low death rate from diarrhoeal diseases of infants under one year of age, the rate in New York City, for 1921, being 12.70 per 1,000 births, as compared with a rate of, approximately, 3 in Stockholm. Undoubtedly, the congestion of the population in the City of New York has considerable to do with this difference in the rate. The City of New York shows an extremely low rate, the lowest ever recorded in its history, and, with the exception of Amsterdam and Stockholm, the lowest rate of all the cities mentioned in the table. London comes after New York, with a rate of 81; Birmingham with a rate of 83. The highest rate shown in the table is that of 161 for Budapest, with Rouen closely on its heels, with 158. The German cities, as a rule, show higher rates than the English cities.

WORK OF THE MENINGITIS DIVISION.

Although the Meningitis Division of the Bureau of Laboratories was established twelve years ago, there are still many physicians in the City who are unfamiliar with it. This division was formed, originally, for the purpose of offering to the physicians of the city a staff especially trained in the diagnosis and treatment of epidemic (meningococcic) meningitis. This seeemed desirable for a number of reasons.

Although meningococcic meningitis is endemic in New York City, the number of cases is too small to afford physicians, even those with large general practices and good hospital connections, much experience in its differential diagnosis, from other forms of meningeal involvement, and treatment. As is well recognized, successful treatment depends largely on two factors: Early diagnosis and *proper* administration of serum. While the details of the administration of diphtheria antitoxin, for example, have been worked out very exactly, and may be easily followed by any good physician, the success attending the administration of anti-meningitis serum depends in no small degree on the experience of the physician in dealing with meningitis cases. Moreover, lumbar puncture, although a comparatively simple surgical procedure, requires a certain amount of training before the technic for all types of individuals—from babies to obese adults—is acquired.

The result of the work with epidemic meningitis has been encouraging, in that the mortality of cases treated, for the most part in tenement-house homes, has been lower than that in several of our best hospitals.

As time has gone on, the staff of the Meningitis Division has also devoted considerable attention to poliomyelitis. On account of its clinical experience with acute diseases of the central nervous system, and because of the value of lumbar puncture in establishing a differential diagnosis, during the epidemic of 1916 the staff was called upon to help make the diagnosis in many of the atypical cases.

For the past four years, the Division has worked with epidemic encephalitis. Of course, many cases of tuberculous meningitis and of purulent meningitis, due to organisms other than the meningococcus, have been studied. While the prognosis of these other forms of purulent meningitis is very serious, it is not absolutely hopeless. Recoveries have occurred in one case of generalized streptococcus meningitis, and in two cases where the process evidently remained localized; in one case of staphylococcus meningitis, and in one case of influenzal meningitis. In a case of meningitis due to colon bacillus, the meningitis cleared up, and the child seemed well for over two months, but hydrocephalus finally developed.

Digitized by Google

The staff of the Meningitis Division sees cases *only in consultation* with the physicians in charge of the cases. All reports of cases of meningitis, poliomyelitis and epidemic encephalitis sent to the Borough Offices are transmitted to the Meningitis Division. Upon receipt of these reports, the physicians in charge of the cases are called on the telephone and are offered the services of the Division. Considerable time will be saved, however, if physicians, wishing these services, will call the Meningitis Division (Stuyvesant 1600), directly. (This does not take the place of a report to the Borough Office). Some member of the staff is on call during the evening, and on Sundays and holidays, so that an appointment may be made without undue delay, if the case is in need of immediate attention. As the staff is small, it is, of course, desirable that such calls be made only in the case of real emergencies. After a case of epidemic meningitis, for example, has been sick for several days, an additional delay of five or six hours will rarely influence the outcome.

Physicians who wish to do their own lumbar punctures may send fluids to the Research Laboratory, at the Foot of East 16th Street, for examination. Such fluids should be collected in *sterile* containers. Wassermann tubes as supplied to the stations are not sterile; and if used for spinal fluids should be boiled, with the stopper, for five minutes or more. The fluids should be sent directly to the Laboratory by special messenger. If fluids are left at the collecting stations, there is a good deal of delay in reaching the Laboratory, so that they are usually unfit for examination when received.

MORTALITY BULLETIN FOR WEEK ENDING OCTOBER 14TH, 1922.

During the week just closed there were 1,085 deaths and a rate of 9.69 as compared with 1,019 deaths and a rate of 9.24 during the corresponding week of 1921, an increase of 66 in the absolute number of deaths and .45 points in the rate, which is equivalent (taking into consideration the increase in population) to an increase of 50 deaths.

During the past week there were 3 deaths reported from scarlet fever as compared with 1; 5 deaths from diphtheria and croup as compared with 11; and 3 deaths from whooping cough as compared with 4. The deaths from typhoid fever were somewhat higher this week than the same time last year, there being 10 this week as compared with 3 last year. There were 97 deaths from cancer as compared with 93; 217 deaths from heart diseases as compared with 209, and 76 deaths from Bright's disease as compared with 68. There was an increase of 16 deaths from the pneumonias, the figures being 127 and 111 respectively, but a decrease of 5 deaths from pulmonary tuberculosis, the figures being 76 as compared with 81. The deaths from diarrhoeal diseases show a slight decrease, there being 38 deaths as compared with 42 in the corresponding week of 1921.

There were 141 deaths of infants under one year of age as compared with 154, a decrease of 13 deaths. At the ages five to sixty-five years there were 620 deaths as compared with 559. The mortality at sixty-five years of age and over numbered 262 as compared with 252.

From January 1st to date 76 infants under one year of age died out of every 1,000 born as compared with 74 deaths at this same age for the corresponding period of last year.

The death rate for the first forty-one weeks of this year was 12.08 as compared with 11.22 per 1,000 of the population for the corresponding period of last year.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CANCER.—Fordyce, J. A. Symposium on cancer of the skin. (N. Y. Med. J. & Med. Rec. Oct. 4, 1922. pp. 420-424.)

NURSING.—Muse, M. B. Habits and skill. Shows the important bearing of the mental attitude of a nurse on the degree of efficiency she attains. (Am. J. Nursing. Oct., 1922. pp. 1-4.)

MILK, BACTERIOLOGICAL ANALYSIS.—Slack, F. H. Milk counts; a comparison of reports from several laboratories on identical specimens. (Boston M. & S. J. Oct. 5, 1922. pp. 500-506. Tables.)

OCCUPATIONAL DISEASES.—Collis, E. L. A study of the mortality of coal miners, England and Wales. (J. Ind. Hyg. Oct., 1922. pp. 256-272. Tables.)

SMALLPOX.—Foster, N. B. A Puritan practitioner. Entertaining account of the use of vaccination in colonial days. (Arch. Pediat. Sept., 1922. pp. 593-600.)

RICKETS.—Brown, A. & others. A critical study of two cases of rickets developing in breast fed infants. (Arch. Pediat. Sept., 1922. pp. 559-566.)

SCARLET FEVER.—Kilduffe, R. A. A resume of the present state of our knowledge of scarlet fever. (Am. J. Nursing. Oct., 1922. pp. 17-19.)

OCCUPATIONAL DISEASES.—Rosenberger, R. C. A bacteriological study of cutting oils causing skin lesions. (N. Y. Med. J. & Med. Rec. Oct. 4, 1922. pp. 377-379.)

VENEREAL DISEASE.—Irvine, H. G. Some notes on the effectiveness of the venereal disease program. (A. M. A. Jour. Sept. 30, 1922. pp. 1121-1129. Charts.)

SCHOOL HYGIENE.—Baker, S. J. School hygiene under boards of health. (Am. J. Pub. Health. Oct., 1922. pp. 832-836.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 22	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct 14
Total deaths	1055	978	1068	1027	1044	1050	987	999	928	960	1039	1135	1085
Annual Death Rate	9.48	8.74	9 54	9 17	9 33	9.38	8 82	8.92	8 29	8.58	9.28	10 14	9 69
*Acute Infectious Diseases	22	29	24	16	22	21	9	15	22	16	19	22	22
Pul. Tuberculosis..	85	83	103	75	70	104	88	98	62	69	81	78	76
Influenza	2	3	1	1	2	..	2	..	1	1	2	2	3
Lobar Pneumonia..	20	26	21	24	28	22	30	28	25	20	25	36	41
Broncho Pneum. ..	32	27	27	29	38	32	36	36	35	37	49	56	51
**Violent Deaths ...	86	75	89	80	79	90	66	62	67	69	73	71	75
Deaths under 1 year.	143	167	171	168	177	173	152	156	146	115	124	174	141
Rates per 1,000 births	66 7	66 1	67 8	64 7	70 4	68 7	60 8	62 0	58 0	45 7	49 3	69 2	56.1
Deaths under 5 years	197	234	227	214	227	230	195	196	203	180	184	237	208
" 5-65 years ...	623	555	596	576	586	574	556	601	527	567	603	649	639
" 65 years and over	235	189	245	237	231	246	226	202	198	213	252	249	282

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	231	166	224	169	247	316	284	179	251	310	247	220	265
Diphtheria	132	134	105	120	115	107	60	88	86	96	128	99	106
Measles	182	107	64	48	32	35	18	13	16	18	30	33	37
Scarlet Fever	51	32	25	24	29	33	26	35	30	34	46	57	64
Chickenpox	32	16	10	11	11	10	9	16	14	9	25	36	55
Influenza	8	7	9	5	8	4	4	4	7	11	11	18	31
Pneumonias	89	93	77	96	131	133	114	95	101	89	138	124	188
Typhoid Fever	28	39	20	33	35	46	46	34	52	22	36	33	25
Whooping Cough ...	98	126	86	98	95	97	85	86	93	116	124	124	78
Syphilis	169	222	197	168	151	155	225	188	237	251	249	353	281
Gonorrhoea	118	159	154	72	71	72	143	134	103	164	119	99	178
Poliomyelitis	1	5	4	8	8	5	8	8	7	16	15	22	12
Cerebro-spinal Meningitis	5	3	4	2	2	5	3	3	7	2	3	3	3
Total	1134	1109	979	854	985	1018	1025	878	1004	1138	1171	1221	1368

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 14, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	447	495	471	978	742	60	10 24	11 87	10.82
The Bronx	732,016	809,536	129	120	119	271	52	11	8 64	7 78	7.67
Brooklyn	2,018,356	2,117,227	353	348	366	980	193	42	8.86	8 58	9.02
Queens	469,042	516,683	68	87	97	178	30	5	6 60	8.78	9.79
Richmond	116,831	124,400	27	35	32	62	28	1	11 62	14 68	12.42
Total	5,620,048	5,889,788	1019	1085	1085	2414	1045	119	9 24	9.69	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-one weeks of this year there were 55,433 deaths, a rate of 12.08 per 1,000 population. During the corresponding weeks of last year there were 50,665 deaths, a rate of 1.22 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	5	21	..	1	..	19	24	11	11	7	4	33	64	91	301	103
The Bronx	1	16	..	..	..	5	5	4	4	..	..	5	18	18	72	30
Brooklyn	4	13	1	2	..	15	20	14	14	3	3	22	51	73	176	99
Queens	1	17	..	..	..	1	2	6	6	..	1	4	10	17	49	21
Richmond	..	9	..	..	..	1	..	3	3	1	..	1	3	4	22	9
Total	11	76	1	3	..	41	51	38	38	11	8	65	141	203	620	262

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	61	59 7	9	8 7	5	5	84	18.2	10	2 2	4	0.9
The Bronx	14	48 8	3	10 4	..	3	19	12·2	4	2 6	..	.
Brooklyn	52	55 0	11	11 6	2	9	76	17 9	13	3.1	3	0.7
Queens	10	53 7	3	16.1	..	3	19	18.4	7	6 8	.	...
Richmond	4	72 7	3	5.4	1	1	5	21.9	4	17.5	..	...
City of New York.	141	56.1	29	11.5	8	21	203	18 2	38	8.4	7	0.6

During the first forty-one weeks of this year 7,841 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 7,769 died, a rate of 74. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave Hospital: Scarlet Fever	Kingston Ave Hospital: Diphtheria	Kingston Ave Hospital: Measles	Kingston Ave Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Ottawville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 10-7-'22.	25	65	19	15	15	44	1	20	6	2	..	1		..	..	51		551	81	896
Admitted	9	9	5	16	3	8	..	6	..	1	..	3		..	..	2		21	8	86
Discharged ..	6	12	6	14	1	9	1	7	..	1	..	1		..	..	11		18	2	89
Died	1	1	..	..	..	..	..	..	..	..	..	1	..	..	..	..		..	1	4
Rem'g 10-14-'22.	27	61	18	17	17	43	..	19	6	2		2	..	..	..	42		554	81	889
Total treated	34	74	24	31	18	52	1	26	6	3		4		..		53		572	84	982

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and over
All causes	1085	1019	569	516	141	22	40	203	39	61	190	322	267
1. Typhoid Fever	10	3	7	3	1	..	..	1	1	3	2	3	
2. Malarial Fever	..	1	..	..	..	..		..			..	..	
5. Measles	..	..	..	..	..	..	..	..	..	..			
6. Scarlet Fever	3	1	..	3	..	..	1	1	2	..			
7. Whooping Cough	3	4	3	..	2	..	1	3	..	..		..	
8. Diphtheria	5	11	5	..	..	1	2	3	2			..	
9. Influenza	3	5	..	3	..	..	..	..	..	1	2	..	
Poliomyelitis	1	7	..	1	..	..	1	1		..	..	..	
12. Other Epidemic Diseases	..	4	..	..	..	..				..	..	..	
13. Pulmonary Tuberculosis	76	81	44	32	..	1	..	1	1	13	34	22	5
14. Tbc. Meningitis	9	9	2	7	1	3	5	9	..	..	..		
15. Other forms Tbc.	4	3	2	2	1	..	1	2	..	..	1	1	
16. Cancer, Malignant Tumor	97	93	49	48	..	..	..	..	..	1	15	51	30
17. Simple Meningitis	3	3	3	..	..		..	..	2		..	1	
17a. Cerebro-spinal Meningitis	1	2	1	..		1	..	1	..	..	..	..	
18. Apoplexy, Softening of the Brain	3	16	2	1		..	..	..		..	..	2	1
19. Organic Heart Diseases	210	195	97	113	1	..	..	1	4	5	17	74	109
20. Acute Bronchitis	..	8	..	..	..	..	..	..		..	..	..	
21. Chronic Bronchitis	..	..	..	..	..	..			..	..	..	..	
22. Lobar Pneumonia	41	43	21	20	3	3	1	7	1	1	17	10	
22a. Broncho Pneumonia	51	30	27	24	24	5	6	35	3	..	3	7	3
23. Other Respiratory Diseases	8	6	6	2		..	..	..		..	2	1	1
24. Diseases of the Stomach (Cancer excepted)	6	9	5	1	1	..	..	1	..	1	1	3	..
25. Diarrhoeal Diseases (under 5 years)	38	39	19	19	29	5	4	38	..			..	..
26. Appendicitis and Typhilitis	30	9	16	14		..	5	5	4	2	11	6	2
27. Hernia, Intestinal Obstruction	11	8	8	3	..	..	..	..	..	2	2	5	2
28. Cirrhosis of Liver	4	5	2	2		..	..	..		..	1	2	1
29. Bright's Disease and Nephritis	76	68	36	40	..	.	..	..	1	3	10	30	32
30. Diseases of Women (not Cancer)	5	6	..	5		..	..		.	..	3	2	
31. Puerperal Septicaemia	2	2		2		..		..		1	1	..	
32. Other Puerperal Diseases	11	5		11		..				3	8	..	
33. Congenital Debility, and Malformations	62	75	35	27	60	..	1	61		1	..		
34. Old Age	9	3	4	5			..	..	..			2	7
35. Violent Deaths	78	68	58	15	3	2	6	11	3	8	17	21	18
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	
b. Other Accidents	65	63	51	14	1	2	6	9	3	6	14	29	4
c. Homicide	8	5	7	1	2	..	..	2	..	2	3	1	..
36. Suicide	11	20	8	3	..	..	..	..	..	..	6	4	1
*37. All other causes	219	175	109	110	15	1	6	22	3	16	45	78	55
38. Ill-defined causes	..	2	..	..	..	..	..	..	..	..	..	..	..

Deaths in Institutions,	516	Mean temperature,	63.0 deg. Fah.
Mean barometer,	29.85	Minimum temperature,	44.0 deg. Fah.
Mean humidity,	71.4	Maximum temperature,	80.0 deg. Fah.
Precipitation,	.57		

†If the deaths under one month, numbering 68 from all causes, be deducted from the total deaths under one year, the resulting rate will be 29 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 11, Diabetes 27, Alcoholism 4, Locomotor Ataxia 0, Paresis 5, Arterio-sclerosis 40, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. OCTOBER 28, 1922. No. 43.

PROGRESS IN HEALTH DEPARTMENT WORK, IN NEW YORK CITY, DURING PAST FOUR YEARS.

During the present administration, the death rate of the City has been reduced from 14.55, in 1917, to 11.17, in 1921. Illness has been correspondingly diminished. The death rate of babies under one year of age has been lowered from 89, in 1917, to 71, in 1921.

The yearly deaths from diphtheria have been forced down from 1,158, in 1917, to 891, in 1921. In comparing these figures we must not lose sight of the fact that the population of the city has increased during these four years, so that the reduction has been even greater than appears. Last year, the death rate of New York City was the lowest of those of the large cities of the world, notwithstanding the fact that its tenement sections are the most densely populated in the world. The Schick test, toxin-antitoxin campaign against diphtheria, inaugurated, is being copied all over the country. This is expected in a few years, to eliminate diphtheria as a cause of death in this city.

The death rate from tuberculosis in the city, in 1921, was 89 per hundred thousand, which was the lowest of all the great cities of the world. The London rate was 107; the Manchester rate, 132; the Paris rate, 243; Rouen (France), 274; Budapest, 312.

The infant death rate of 71 was also the lowest. The New York City cancer rate—97 per hundred thousand—was the lowest of all except Brussels.

Under the present administration, New York City was guided through the worst epidemic of influenza that ever visited this country, with a resulting death rate lower than that of any other city in the East. This was accomplished without disturbing industry or closing schools, churches, or theatres, as was done in almost every other large city. Food, medical and nursing care, and hospital accommodation were secured for countless thousands who otherwise would have died. The mobilization of citizens, Red Cross groups of nurses, of hospitals, of medical supplies and food supplies for the benefit of those stricken in the epidemic was an epoch-making achievement.

Landlords were compelled to provide a proper amount of heat, not only during the epidemic of 1918 but during every winter since. This has not only promoted the comfort of our people, but has protected them, in large measure, from pneumonia and the other diseases of the winter months.

There was established the first Health Department clinic for the treatment of venereal diseases. This clinic was of immeasurable assistance to the Federal Govern-

Digitized by Google

ment during the war and, since then, has made it possible for the poor of ... to secure the most effective treatment, including the administration of salvarsan ...

The administration prevented typhus and the other plague diseases that were ... are, decimating the population of Europe from gaining admission to our city and ... fact, to the country. Four cases of typhus escaped detection at Quarantine, but ... quickly discovered in the city and returned there. There was also set up a quar... tine system by the Department of Health, and during the ensuing months, 1... passengers were examined by the officers of the Department of Health, 1,410 ... whom were found to be vermin infested. These were sent to an emergency de-lou... station, where they were de-loused and their baggage sterilized. What would pro... ably have been a serious epidemic was thus averted.

An anti-plague service was set up that has been, and is, an effective barr... against the entrance of infected rats, the carriers of this terrible disease, from ... coming to this city from ports that are known to be plague centres.

For the first time, addicts were treated as public health problems, instead of ... criminals. Through the instrumentality of Commissioner Copeland, there has be... introduced into both Houses in Washington a bill that will stop illicit traffic in hab... forming drugs.

During the present administration, the number of infant welfare stations has be... increased from 59 to 70. Dental clinics have been increased from 8 to 19; open-... classes for children have been increased from 87 to, approximately, 125. Prenatal w... has been encouraged.

Special efforts have been made to protect the health of the worker; and, for th... purpose, the staff of industrial inspectors has been increased from 4 to 35.

During the milk strike, the health and lives of the children of our city w... protected by preventing the sale of unclean and impure milk. To do this there w... maintained a twenty-four hour inspection service at every pasteurization plant in th... city. During the strike, hundreds of thousands of quarts of milk unfit for human us... were destroyed through the efforts of the Department of Health.

The public has been especially educated to the great food value of milk, and ... use has been so encouraged that, today, the consumption of milk in the City of New ... York is almost 3,000,000 quarts whereas, at the beginning of this administration ... was less than 2,000,000 quarts. This increased consumption of milk is undoubtedly ... reflected in the healthfulness of the city, as seen in its low infant death rate.

Ice cream has been taken out of the luxury class, and it has been made possib... for everyone to enjoy wholesome, nourishing ice cream. At the beginning of the ... administration, ice cream sold in the city contained from 1 to 2 per cent of butter ... fat. Now, all of the ice cream sold in the city must contain at least 8 per cent butter ... fat, so that it is now not only a delicacy, but a pure, wholesome, and particularly ... nourishing food.

An active campaign has been waged against all substitution for milk and milk ... products.

One of the outstanding features of this health administration has been the cam... paign waged for clean, wholesome, unadulterated foods. This has been accomplished ... through direct action, and through publicity and circulars instructing the public as ... the value of foods and the important part that food plays in health.

The favorable publicity, which the Commissioner secured for the Department ... Health, has awakened a greater interest among the people in their Health Department ... The Department of Health of the City of New York has been made a democratic ... organization for public service. The people have recognized this, and have availed ... themselves of its services as never before. The present Commissioner may be said ... to be the father of real public health education. He talks directly to the public in an ... understandable way. By his newspaper interviews and articles, and his public ... speeches, he has reached more people than were ever reached before. He has preached

Digitized by Google

the gospel of health to the masses. He has educated the people to the importance of consulting their physicians early in any illness that may overtake them. He has convinced the people of the necessity of hygienic living, and of submitting themselves, at regular intervals, for examination by their doctors and dentists.

The first Public Health Exhibition ever held in the city was organized. The throngs that attended every session of this exhibit gave evidence of its great popularity, and it is safe to say that thousands of citizens, previously uninterested, learned their first lesson in health and the means of obtaining it at the exhibit.

The publications of the Department were improved and their service widely extended. For instance, the WEEKLY BULLETIN, the official organ of the Department of Health, which previously reached only some 700 of the 9,000 physicians in the Greater City, and rarely got into the mail before one to two weeks after publication, was sent free of charge to every physician and person interested in public health work in the city. This was particularly to be desired, since all physicians and health and social service workers are advance agents of the Department of Health and primarily concerned in learning of its new activities and requirements.

The "Monthly Bulletin" (edition, 6,000 copies) besides its subscribers (at ten cents a year) is sent to all public libraries, medical journals, and news publications in the city; and to health agencies especially interested, both within and without the city. As the interest of the special articles published in it is usually greatest among those directly concerned with the work covered by the articles, a considerable portion of each edition is given for distribution to the Bureaus of the Department most concerned. Articles published are mainly of interest to physicians.

The "Food and Drug Bulletin" (edition, 6,000 copies) is sent free of charge to all druggists, who by a new regulation adopted by the board of Health are required to keep it on file, and to various food dealers and news agencies concerned with the activities of the Bureau of Food and Drugs. This publication is only of interest to food and drug dealers.

The "School Health News" (edition, 25,500 copies) is sent to all the scshool teachers of the public and parochial schools (over 25,000) and it is distributed through the Bureau and Borough Offices of the Department to all school and district nurses of the Department. Articles appearing in this publication are intended to interest and instruct teachers in co-operating with the Department in disease prevention.

"The Staff News" (edition, 3,500 copies) is issued monthly for the instruction and information of the (over 3,000) employees of the Department of Health, to whom it is distributed.

REGULATION OF SALE OF VERONAL AND ANALOGUES.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said City on the 11th day of October, 1922, the followwing resolution was duly adopted:

RESOLVED, That Article 8 of the Sanitary Code be amended by adding thereto a new Section to be numbered 126, to read as follows:

Section 126. Sale regulated.—No Veronal (Diethyl-barbituric Acid). Veronal Sodium (Sodium Dimethyl barbiturate), Luminal (Phenly-ethyl-barbituric Acid), Luminal Sodium (the sodium salt of Luminal), Sukphenal (Diethyl-sulphone-dimethyl-methane), Trional (Diethyl-sulphone-methyl-ethyl-methane), or Tetronal (Diethyl-sulphone-diethyl-methane), shall be sold at retail to any person in the City of New York, except upon the written prescription of a duly licensed physician.

The provisions of this Section shall apply to the sale at retail of any of the above mentioned drugs whatever may be the name under or by which the same may be called or known.

A true copy.

CHARLES L. KOHLER, *Secretary.*

Digitized by Google

REGULATION OF ICE CREAM MANUFACTURE.

At a meeting of the Board of Health of the Department of Health of the City of New York, held in the said city in the 11th day of October, 1922, the following resolution was adopted:

RESOLVED, That the Regulations governing the manufacture in and bringing into the City of New York of ice cream, be amended by adding thereto two new regulations to be known as Regulation 7 and Regulation 8, to read as follows:

Regulation 7. Quality of milk and milk products to be used.—All milk or milk products used in the manufacture of ice cream shall conform to the regulations governing the standards and requirements for milk and milk products, as adopted by the Board of Health.

Regulation 8. Sources of milk supply to be approved.—No ice cream shall be manufactured from milk or milk products until the source of such milk or milk products shall have been found to conform to the regulations governing the standards and requirements for milk and milk products as adopted by the Board of Health, and has been approved of by the Board of Health.

A true copy.

CHARLES L. KOHLER, *Secretary*.

MILK REGULATIONS AMENDED.

At a meeting of the Board of Health of the Department of Health of the City of New York held on the 11th day of October, 1922, the following resolution was adopted:

RESOLVED, That Regulation 28 of the Regulations governing the production, pasteurization, transportation, handling, storage, sale and distribution of milk, skimmed milk, cream, sour cream, buttermilk, condensed or concentrated milk, condensed skimmed milk, and modified milk intended for human consumption in the City of New York, and relating to Section 151, etc., of the Sanitary Code, be and the same is hereby amended and made to read as follows:

Regulation 28. Labeling.—Caps of all bottles containing Grade A milk, skimmed milk, or cream (raw) shall be white, with the grade and designation "Grade A (Raw)" the name and address of the dealer, the place of production, the date of shipment, and the word "Certificate," when the milk or cream is produced and handled under a certification of a milk commission, approved of by the Department of Health of the City of New York, and appointed by a County Medical Society organized under and chartered by the Medical Society of the State of New York, clearly, legibly, and conspicuously displayed on the outer side thereof. No other word, statement, design, mark or device shall appear on that part of the outer cap containing the grade and designation, unless authorized and permitted by the Department of Health of the City of New York. A proof-print or sketch of such cap, showing the size and arrangement of the lettering thereon, shall be submitted to and approved by the said Department before being attached to any bottle containing milk, skimmed milk, or cream of the said grade and designation.

A true copy.

CHARLES L. KOHLER, *Secretary*.

HOSPITAL AND CLINIC FOR SPEECH DISORDERS.

According to an announcement received, the National Hospital for Speech Disorders, of 143 East 37th Street, Manhattan, has been organized with the following objects:

Digitized by Google

To cure all forms of speech disorders, such as stuttering, stammering, lisping, speech agitans, hare-lip and cleft palate speech, etc.

To cure all forms of voice abnormalities such as loss of voice (complete or partial), hoarseness, nasality, falsetto voice, etc.

To take care of abnormal mouth or jaw conditions (Orthodontia Clinic) when they are the causative factors of a speech abnormality. The Dental Department also makes special splints, plates and obturators for cleft palate cases.

To take care of nervous and mental conditions when they are causative of, or associated with, defective speech. Maladjustment of patients specially considered.

To educate or re-educate patients who are deaf or hard-of-hearing.

To maintain a Central Information Bureau and Clearing House for all speech and voice disorders.

Also a special kindergarten for children suffering from delayed speech, mutilated speech, baby talk, loss of speech, hesitating speech, cleft palate and nasal speech. This kindergarten is the first of its kind in the country where speech and kindergarten work of a special nature is given.

Clinic Hours.

Day Clinics (except Saturday), 10 a. m. to 6 p. m.

Night Clinics (Monday, Wednesday, Friday), 8 p. m. to 10 p. m.

Saturday Clinic (mornings only), 10 a. m. to 12 m.

A special feature is the evening classes. These make it possible for working boys and girls, men and women, who have to earn a livelihood, to obtain relief from their affliction.

The work of the National Hospital for Speech Disorders is non-sectarian and offered irrespective of race or color. Patients unable to pay are treated free.

Dr. James S. Greene is the medical director.

MORTALITY BULLETIN FOR THE WEEK ENDING OCTOBER 21, 1922.

The health of the city was remarkably good during the week, there having been only 1,139 deaths and a rate of 10.18 per 1,000 of the population reported, as compared with 1,211 deaths, and a rate of 10.98 in the corresponding week of 1921, a decrease in the absolute number of deaths of 72 and in the relative number of deaths (taking into consideration the increase in population) of 90.

The most noteworthy feature of the week's mortality was the small number of deaths reported from pulmonary tuberculosis, 57, as compared with 91 in the corresponding week of 1921, a decrease of 24 deaths; chronic Bright's disease showed a decrease of 14 deaths; diphtheria, a decrease of 9 deaths; diarrhoeal diseases under five years of age, a decrease of 7, and cancer, a decrease of 5. There were 7 deaths reported from typhoid fever during the week, as compared with 4, an increase of 3 deaths; broncho pneumonia showed an increase of 10 deaths, and violence an increase of 19 deaths.

There were 176 deaths of infants under one year reported during the week as compared with 164, an increase of 12; between one and five years of age there was a decrease of 17 deaths; between five and sixty-five years of age there was a decrease of 52 deaths and at sixty-five years of age and over there was a decrease of 15 deaths.

The death rate for the first 42 weeks of the year was 12.03 per 1,000 of the population as compared with a rate of 11.20 in the corresponding period of 1921, an increase of 0.83 of a point.

From January 1st to date, 76 infants died out of every 1,000 born, as compared with 74 deaths in the corresponding period of 1921, an increase of 2 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

DIPHTHERIA.—Graham, M. and E. H. Golz. Milk-borne diphtheria. (A. M. A. Jour. Oct. 14, 1922. pp. 1300-1301.)

FEET.—Wilde, H. The foot factor in the future woman. (Nation's Health. Sept., 1922. pp. 520-524. Illus.)

HEALTH CENTERS, HALIFAX.—Royer, B. F. Health centers of the Massachusetts-Halifax Health Commission; with special reference to pre-school age dental clinics and nutrition classes. (A. M. A. Jour. Oct. 14, 1922. pp. 1308-1311.)

NURSING.—Muse, M. B. Habits and skill. Shows the important bearing of the mental attitude of a nurse on the degree of efficiency she attains. (Amer. Jour. Nursing. Oct., 1922. pp. 1-4.)

NUTRITION.—Gillet, L. H. Economic standards in nutrition. (Nation's Health. Sept., 1922. pp. 569-571. Tables.)

SCHOOL SANITATION.—Ferguson, H. F. Sanitary regulation in Illinois schools. (Nation's Health. Sept., 1922. adv. pp. 16-24.)

SMALLPOX.—Foster, N. B. A Puritan practitioner. Entertaining account of the use of vaccination in colonial days. (Arch. Pediat. Sept., 1922. pp. 593-600.)

SYPHILIS.—Fordyce, J. A. and others. Quantitive studies in syphilis from a clinical and biological point of view. (Am. J. Med. Soc. Oct., 1922. pp. 492-515.)

TEETH.—Leak, W. H. Influence of teeth on the health of the child. (Hosp. Soc. Service. Oct., 1922. pp. 270-277.)

TUBERCULOSIS.—Emerson, W. R. P. Nutrition and growth in relation to tuberculosis. (Boston M. & S. J. Oct. 4. 1922. pp. 495-498.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	July 29	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21
Total deaths	978	1068	1027	1044	1050	987	999	928	960	1039	1135	1085	1139
Annual Death Rate	8.74	9.54	9.17	9.33	9.38	8.82	8.92	8 29	8.58	9.28	10.14	9.69	10 18
*Acute Infectious Diseases	29	24	16	22	21	9	15	22	16	19	22	22	26
Pul. Tuberculosis..	88	108	75	70	104	88	98	62	69	81	78	76	67
Influenza	3	1	1	2	..	2	..	1	1	2	2	3	2
Lobar Pneumonia..	25	21	24	28	22	30	28	25	20	25	36	41	46
Broncho Pneum. ..	27	27	29	38	32	36	36	35	37	49	56	51	49
**Violent Deaths ...	75	89	80	79	90	66	62	67	69	78	71	75	68
Deaths under 1 year.	167	171	163	177	178	152	156	146	115	124	174	141	176
Rates per 1,000 births	66.1	67 8	64.7	70 4	68.7	60.3	62.0	58.0	45.7	49 8	69.2	56.1	70.1
Deaths under 5 years	284	227	214	227	230	195	196	208	180	184	237	203	242
" 5-65 years ...	555	696	576	586	574	556	601	527	567	603	649	630	686
" 65 years and over	189	245	237	231	246	226	202	198	218	252	249	262	221

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.

**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	166	224	169	247	316	284	179	251	310	247	220	265	284
Diphtheria	184	105	120	115	107	60	83	86	96	128	99	106	133
Measles	107	64	48	32	85	18	18	16	18	30	33	37	31
Scarlet Fever	32	25	24	29	33	26	35	30	34	46	57	64	62
Chickenpox	16	10	11	11	10	9	16	14	9	25	36	55	63
Influenza	7	9	5	8	4	4	4	7	11	11	18	31	21
Pneumonias	93	77	96	131	133	114	95	101	89	138	124	188	172
Typhoid Fever	39	20	33	35	46	46	34	52	22	36	33	25	25
Whooping Cough ...	126	86	98	95	97	85	86	93	116	124	124	78	86
Syphilis	222	197	168	151	155	225	188	237	251	249	353	261	327
Gonorrhoea	159	154	72	71	72	143	134	103	164	119	99	178	155
Poliomyelitis	5	4	8	8	5	8	8	7	16	15	22	12	7
Cerebro-spinal Meningitis	3	4	2	2	5	3	3	7	2	3	3	3	3
Total	1109	979	854	935	1018	1025	878	1004	1138	1171	1221	1303	1369

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 21, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	543	526	482	1095	919	44	12 44	12 08	11 07
The Bronx	732,016	809,586	137	129	142	275	148	9	9 18	8 31	9 15
Brooklyn	2,018,356	2,117,227	401	362	387	904	370	37	10 07	8 92	9 54
Queens	469,042	516,683	99	89	99	185	64	10	10.38	8.99	10.00
Richmond	116,531	124,400	31	33	29	61	23	2	13 84	13 84	12.16
Total	5,620,048	5,839,788	1211	1139	1139	2520	1524	102	10.98	10.18	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-two weeks of this year there were 56,572 deaths, a rate of 12.03 per 1,000 population. During the corresponding weeks of last year there were 51,877 deaths, a rate of 11.20 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumosia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	10	24	..	1	..	22	30	16	16	10	8	30	86	111	297	118
The Bronx	1	9	..	..	1	4	4	2	2	3	.	7	15	17	74	33
Brooklyn	4	17	..	1	1	13	9	17	17	5	1	16	59	71	192	99
Queens	..	7	2	..	..	7	5	2	2	3	1	4	14	19	52	18
Richmond	2	10	..	..	..	..	..	..	..	1	1	..	2	4	21	8
Total	17	67	2	2	2	46	48	37	37	22	11	57	176	222	636	281

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	77	74 2	11	10.6	8	3	97	23 6	14	3 4	8	1.9
The Bronx	20	69 7	2	7 0	1	1	24	15.4	3	1.9	..	.
Brooklyn	60	63 5	18	18.8	3	11	73	17.2	16	3.8	4	0.9
Queens	17	91 2	3	16.1	..	2	24	23.2	4	3.9	1	1 0
Richmond	2	36.4	..	....	..	..	4	38.7	..	....	2	1 9
City of New York.	176	70.1	29	11.6	12	17	222	19.9	37	3.3	15	1 3

During the first forty-two weeks of this year 8,017 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 7,933 died, a rate of 74. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 10-14-'22.	27	61	18	17	17	43	..	19	6	2	18	17	..	..	..	42	..	554	81	922
Admitted	6	21	2	11	2	8	..	3	..	1	2	11		..	..	7	..	14	11	104
Discharged ..	3	9	6	10	3	11	..	6	3	1	6	10	..	..	..	4	..	21	..	93
Died	1	1	1	2	..	..	..	..	..	..	1	2	..	..	..	..	..	..	..	8
Rem'g 10-21-'22.	29	72	13	16	16	40	..	21	3	2	13	16	..	..	..	45	..	547	92	925
Total treated	33	82	20	28	19	51	..	27	6	3	20	28		..	..	49		568	92	1026

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65
All causes	1189	1211	596	643	176	25	21	222	35	54	173	321
1. Typhoid Fever	7	4	6	1	..	..	..	..	1	2	4	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	1	2	..	1	1	..	2	..	..	..	..
6. Scarlet Fever	5	2	4	1	..	..	4	4	1	..	..	..
7. Whooping Cough	5	4	3	2	3	2	..	5	..	..	..	..
8. Diphtheria	5	14	1	4	1	1	2	4	1	..	..	..
9. Influenza	2	4	1	1	..	..	1	1	..	..	..	1
Poliomyelitis	2	5	1	1	1	..	.	1	1	..		
12. Other Epidemic Diseases	..	1	..	..	..	..	..	..	..	..	..	..
13. Pulmonary Tuberculosis	67	91	35	32	..	1	..	1	3	19	26	17
14. Tbc. Meningitis	4	1	2	2	..	1	..	1	1		1	1
15. Other forms Tbc.	8	8	5	3	1	..	1	2	..	2	2	2
16. Cancer, Malignant Tumor	125	130	67	58	..	..	..	..	..	2	18	65
17. Simple Meningitis	2	2	1	1	..	1	..	1	1	..	..	..
17a. Cerebro-spinal Meningitis	2	2	1	1	1	..	..	1	..	..	1	..
18. Apoplexy, Softening of the Brain	9	20	5	4	..	..	..	..	..	..	..	4
19. Organic Heart Diseases	233	233	109	124	2	..	..	2	7	3	22	29
20. Acute Bronchitis	2	14	1	1	2	..	..	2	..	..	..	..
21. Chronic Bronchitis	.	4	..	.	..	.	.	..	..	..	..	..
22. Lobar Pneumonia	46	45	26	20	11	4	2	17	..	3	5	14
22a. Broncho Pneumonia	48	38	26	22	20	5	3	28	1	1	3	7
23. Other Respiratory Diseases	3	10	1	2	..	..	..	..	1	..	..	1
24. Diseases of the Stomach (Cancer excepted)	8	10	7	1	4	..	..	4	..	..	1	2
25. Diarrhoeal Diseases (under 5 years)	37	44	22	15	29	7	1	37	..	..	..	..
26. Appendicitis and Typhilitis	17	14	9	8	..	..	..	..	3	4	6	3
27. Hernia, Intestinal Obstruction	18	7	4	9	..	1	..	1	..	..	1	5
28. Cirrhosis of Liver	9	8	6	3	..	..	1	1	..	..	1	6
29. Bright's Disease and Nephritis	69	83	36	33	..	..	..	..	..	..	10	36
30. Diseases of Women (not Cancer)	7	11	..	7		..	..	..	..	..	4	3
31. Puerperal Septicaemia	..	3	..	..	..	..	..	..	..	..	..	..
32. Other Puerperal Diseases	3	14	..	3	..	..	..	..	..	..	3	..
33. Congenital Debility, and Malformations	74	75	42	32	74	..	..	74	..	..	..	
34. Old Age	12	5	4	8	..	..	..	..	..	..		1
35. Violent Deaths	68	71	47	21	..	..	3	3	6	9	20	22
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..
b. Other Accidents	57	68	37	20	..	..	3	3	6	5	15	28
c. Homicide	11	3	10	1	..	..	..	..	..	4	5	2
36. Suicide	22	21	13	9	..	..	..	..	..	3	3	3
*37. All other causes	216	208	109	107	26	1	3	30	7	1	30	36
38. Ill-defined causes	2	4	..	2	..	..	..	..	1	..	1	..

Deaths in Institutions,	497	Mean temperature,	53.7 deg. Fah.
Mean barometer,	29.91	Minimum temperature,	33.0 deg. Fah.
Mean humidity,	60.3	Maximum temperature,	74.0 deg. Fah.
Precipitation,	.01		

†If the deaths under one month, numbering 73 from all causes, be deducted from the deaths under one year, the resulting rate will be 41 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 9, Diabetes 27, Alcoholism 2, Locomotor Ataxia 2, Paresis 9, Arterio-sclerosis 45, all other congenital causes 19.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. NOVEMBER 4, 1922. No. 44.

THE IMPROVED HOSPITAL SERVICE OF THE DEPARTMENT OF HEALTH.

In 1918, 16,435 cases were treated in the various hospitals of the Department of Health, representing a total of 496,854 patient days. In 1919, 12,740 cases were treated, representing a total of 454,738 patient days. In 1920, 10,003 cases were treated, representing a total of 430,734 patient days. In 1921, 13,694 cases were treated, representing a total of 463,605 patient days.

The recent improvements in the hospital plants consist of a new pavilion of 100 beds which has been used for the purpose of the commitment and treatment of women sent by the courts suffering from venereal diseases. At the Municipal Sanatorium, Shack 112, a 40-bed hospital building, has been erected. At Riverside Hospital, a Maids' Dormitory, of the most approved type, with accommodations for 120 maids, has been opened. At the Kingston Avenue Hospital, a modern kitchen has been completed and opened. At Otisville, a staff house for medical officers has been built. At the Willard Parker Hospital, a carpenter shop and storage shed for building material has been erected. At Otisville, a dairy barn was erected. At the Willard Parker Hospital, the dormitory for women, which, when completed, was little better than a loft building, was divided off into rooms, making it a desirable building for employees. The Nurses' Home of the Willard Parker Hospital was equipped with a modern sewage disposal plant.

In medical progress, the hospital work shows, at least, two noteworthy improvements. First is the care and hygienic education of women prisoners committed from the courts to the custody of the Department of Health's hospitals for treatment of venereal diseases. The far-reaching, good effect of this procedure cannot be overestimated. Second, drug addicts, having reached such a stage of degradation as to actually become a menace to the weak-minded and young in the community with whom they came in contact, this disease was declared to be a pestilential one and the Department of Health proceeded to make, in Riverside Hospital, a place of treatment where the addicts could be effectually taken off of the drug. The methods of procedure and the operation of the hospital became models for the treatment of the condition and gave conclusive proof that drug addiction could be successfully treated, if the patients were placed under rigid hospital care.

Digitized by Google

The arrival of ships at Quarantine, in New York, on which there were cas of typhus fever, made it necessary for the Department to take steps for the c infestation of all lousy immigrants and their baggage arriving at the Port of Ne York, or entering the City through the ordinary avenues of transportation, direct from other ports of entry. A de-lousing station with equipment for the sterilizat of the personal effects of immigrants was established at the Willard Parker Ho pital, and many thousands of immigrants were cleaned at this point.

In 1918, when the City was visited by the epidemic of influenza, and th hospitals of the Department of Health were crowded to their full capacity, the opened their doors to all types of respiratory diseases that might be seeking admission to the overcrowded Bellevue and Allied Hospitals, and those of the Depart ment of Public Welfare. The high mortality rate attendant upon this epidem shocked the entire population, and it was extremely satisfactory to know that th Department of Health's hospitals recorded a remarkably low death rate amon their patients of about 10%.

NATIONAL CANCER WEEK.

In order to educate the public regarding the increasing importance of cance there is to be a National Cancer Week, November 12th to 18th. The America Society for the Control of Cancer, national headquarters, 370 Seventh Avenu New York City, has asked the co-operation of public officials, the medical profes sion, and the public in making it a success.

Some Statistics of Cancer.

That the reported deaths from cancer have been steadily increasing in the United States and other parts of the world, for many years, there is no room fo doubt. It has been estimated that, in this country, the death rate from cancer has increased over 80% in the last thirty years. In England it is known that after th age of forty-five years, one female in every eight, and one male in every eleve dies of this disease. In our own city, according to the statistics of the Departme of Health, there has been a steadily rising death rate from cancer since 1898. The following table shows the number of deaths from cancer per one hundred thousan inhabitants in Greater New York City.

Cancer Death Rate in New York City.

1898	'99	1900	'01	'02	'03	'04	'05	'06	'07	'08	'09
61	64	66	69	63	69	69	71	72	75	73	76
'10	'11	'12	'13	'14	'15	'16	'17	'18	'19	'20	'21
77	79	82	84	87	89	88	90	90	92	94	97

As is known, all ages are open to attack by cancer. Infants have been bor with it, persons of 90 and more have developed it. However, in the majority o cases, it shows its greatest frequency at the age of 45 and over.

The U. S. Census Bureau, reporting the deaths from cancer for 1920, *in the regis tration area of this country,* shows very plainly how cancer appears mostly afte middle life.

Cancer in U. S. Registration Area, 1920.

Cancer deaths, all ages	71,756
Cancer deaths, 0 to 29 years	1,796
Cancer deaths, 30 to 44 years	8,103
Cancer deaths, 45 to 100 years	61,857

When we stop to consider that such a great percentage of cancer occurs at the time when men and women are at their prime, and at the point of greatest pr

Digitized by Google

sonal and family responsibility and earning powers, we can realize not only the enormous suffering, but also the economic loss entailed to the nation.

Although all organs in the body are subject to cancer, some are very resistant; for instance, the heart, the spleen, and the brain are rarely attacked. On the other hand, the stomach and intestines are the seat of the greatest number of cancers; then comes the uterus, the mammary glands, the mouth and the skin. The statistics of the Department of Health, for 1920, showed the distribution of cancer, by organs, in Greater New York to be:

Cancer in New York City, 1920, *by Organs Attacked.*

	All Ages		Under 40 Years	
	Male	Female	Male	Female
Stomach and Intestines.....	1,494	1,372	100	108
Uterus and Ovaries.....	....	669	....	89
Mammary Glands	5	464	0	43
Mouth	176	15	12	2
Skin	47	28	2	6

These figures clearly show how markedly cancer of the stomach and intestines predominates and how few cancer cases occur before the age of forty.

Not only does cancer incidence vary according to age, but we find that the reported death rates from cancer are much higher in some countries than in others. For the period 1900 to 1909, the rate per hundred thousand in Switzerland was 127.7; England and Wales, 90; Germany, 79; U. S. A., 72; Italy, 57; Serbia, 10.5; Ceylon, 5.1. Here are most amazing differences. But more than that, it varies for our states and cities. In 1914, the U. S. Census figures show that Vermont had the highest rate, 109.9; then Maine, 107.6; Massachusetts, 101.2; New Hampshire, 100.8; while North Carolina showed 57.8; Montana, 51.5; Virginia, 48.9; Kentucky, 46; and lowest of all, Utah, had a cancer death rate of only 45.8. Among cities of 100,000 population and over, the highest was Albany, N. Y., 146.7; then San Francisco, 128.4; Boston, 118.7; New Haven, 113.5; contrasted with Milwaukee, 69.4; Scranton, 60.1; Atlanta, 59.1; Fall River, 55.8; and the lowest, Birmingham, 46.3. Here again are most startling variations. It is evident that if we could discover the cause or causes of these differences we would be nearer to learning the cause of cancer.

The Division of Industrial Hygiene, of the Department of Health, has been engaged for the last two years in a survey and study of all cancer deaths on Staten Island, and will soon publish the findings. All cancer deaths, of at least three years' residence, from 1914-1920 have been mapped by street and number, the island has been divided into thirteen topographical units, and the influence of age, sex, nationality, parentage, altitude, smoke, gases, and ventilation intensively studied in each area of the borough as a whole. This survey will show most marked variations within a single borough, just as we have found between countries, states and cities. Cancer is not a simple problem, even in its distribution. Most of the pages of the book of cancer are still blank and unwritten. Every nation, every state, and every city should study its cancer deaths and distribution with the most modern methods and knowledge, for it will be only through such efforts, together with laboratory and clinical investigations, that the great mystery of cancer will be solved.

All citizens should co-operate with physicians and public health departments by being on their guard against the early symptoms of cancer, in order that many lives may be saved and the cause of cancer discovered.

Digitized by Google

TYPHOID FEVER IN NEW YORK CITY DURING THE THIRD QUARTER OF 1922.

During the third quarter of 1922 there were 393 cases of typhoid fever reported to the Bureau of Preventable Diseases, as compared with 513 cases in the corresponding quarter of the preceding year. In other words, there were 120 fewer cases this year, during the season when typhoid fever is usually very prevalent. Parenthetically, it should be stated that during this quarter, as in the corresponding period of 1921, there were reported, as typhoid fever, 33 cases in which subsequent observation showed that the diagnosis had been erroneously made. During the present quarter, 50 deaths were reported from typhoid fever, as compared with 54 deaths in the corresponding quarter of 1921.

Table Showing Case Rate and Death Rate Per 100,000 *of Population.*

Manhattan		The Bronx		Brooklyn		Queens		Richmond		City	
Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
26	3	22	2	28	3	29	5	39	16	28	3

It should be borne in mind that the cases and death rate per 100,000 of population for the year will be greatly diminished when the figures for the season of low prevalence of the disease are combined with the above. The Boroughs of Richmond and Queens had the highest case and death rates, while the Borough of The Bronx had the lowest rates.

During the present quarter, the diagnosis was confirmed by laboratory examinations in almost 70% of the cases. In the great majority, such laboratory examinations consisted of a Widal test. This conforms with our previous experience. The Boroughs of Manhattan and Richmond, with 74% and 83%, respectively, of laboratory confirmations, have a higher record than the other Boroughs.

During the present quarter, the probable mode of infection was ascertained in 42% of the cases, as compared with 43% so traced in the corresponding quarter. Twenty-four typhoid fever cases were found to have resulted from contact with active cases, or with suspected or proven carriers, in the present quarter, as compared with 41 cases in the corresponding quarter of 1921.

One hundred and eleven of the total number of cases were shown to have acquired their infection out-of-town, as compared with 173 cases that had an out-of-town origin in the third quarter of 1921.

Attention is called to a new classification in the list of sources of infection, namely, cases which apparently developed from bathing in polluted waters. The majority of these cases occurred in boys whose ages ranged from ten to sixteen years.

One hundred and fourteen persons exposed to typhoid fever were immunized against the disease, in this quarter, and received a full course of immunizing injections; during the corresponding quarter 319 exposed persons were immunized. In addition to these, 93 persons not exposed to typhoid fever received the prophylactic injections, as compared to 250 persons who were immunized in the corresponding quarter of 1921.

The reduction in the number of typhoid immunizations has occurred in spite of the educational and publicity methods which we have employed. Obviously here, as in other branches of preventive medicine, our success depends on the active and aggressive co-operative efforts of the family physicians. Without their aid, our counsels and admonitions are lost among the multitude of appeals which are published daily for all sorts and manner of causes.

During the present quarter, 57% of the typhoid fever cases were treated in hospitals, as compared with 61% of hospitalized cases in the corresponding quarter of 1921.

The Borough of Manhattan has the largest percentage of hospitalizations, namely 70%, while the Borough of Richmond has the lowest, 25%.

Digitized by Google

Typhoid Fever—Quarter Ending September 30, 1922.

	Manhattan		Bronx		Brooklyn		Queens		Richmond		City	
	1921	1922	1921	1922	1921	1922	1921	1922	1921	1922	1921	1922
(1) Total Cases Reported as Typhoid	263	165	58	51	186	159	32	39	7	12	546	426
Number erroneously diagnosed and reported	25	17	3	6	5	9	0	1	0	0	33	33
Corrected total of cases	238	148	55	45	181	150	32	38	7	12	513	393
Diagnosed and confirmed by—												
(a) Widal	75	71	27	21	97	78	16	16	1	8	216	194
(b) Blood culture	13	4	1	0	2	1	0	2	0	1	16	8
(c) Stool	13	3	3	1	15	5	0	4	0	0	29	13
(d) Widal and stool	12	13	3	1	13	10	1	1	0	1	29	26
(e) Stool and blood culture	5	1	0	0	1	0	0	1	0	0	6	2
(f) Widal and blood culture	19	19	2	0	0	4	1	0	0	0	22	23
(g) Widal, blood culture and stool	4	1	1	0	0	1	0	0	0	0	5	2
(h) Operation	0	0	0	0	0	0	0	0	0	0	0	0
(i) Autopsy	1	0	0	0	1	1	0	0	0	0	2	1
(j) No confirmation	96	36	18	22	54	50	14	14	6	2	188	124
Total	238	148	55	45	181	150	32	38	7	12	513	393
Per cent cases confirmed	60	74	67	51	70	67	57	63	14	83	63	70
(2) Deaths	25	18	4	4	18	17	5	6	2	5	54	50
(3) Percentage of cases in which mode of infection was traced	51	45	45	46	28	40	41	29	14	66	43	42
(4) Probable modes of infection—												
(a) Contact with active cases	5	0	1	1	12	3	1	2	0	0	19	6
(b) Contact with proven carriers	2	0	0	0	2	2	1	1	0	0	5	3
(c) Contact with suspected carriers	8	8	1	1	5	3	3	1	0	2	17	15
Total contact cases	15	8	2	2	19	8	5	4	0	2	41	24
(d) Contaminated ice cream	0	0	0	0	0	0	0	0	0	0	0	0
(e) Flies	0	0	0	0	3	0	0	0	0	0	3	0
(f) Shellfish	0	3	0	1	1	2	3	0	0	0	4	6
(g) Out of town infection	112	38	23	15	23	38	5	5	4	0	164	96
(h) Doubtful out of town infection	5	6	0	1	4	6	0	1	0	1	9	15
Total out of town	117	44	23	16	27	44	5	6	1	1	173	111
Bathing in polluted waters in New York City	0	10	0	2	0	6	0	1	0	5	0	24
(5) Immunization performed by Department of Health (complete 3 doses) —												
(a) Persons exposed to cases	278	26	11	10	30	58	0	7	0	13	319	114
(b) Persons not exposed	39	30	0	3	6	8	1	1	0	30	46	72
Total immunizations	317	56	11	13	36	66	1	8	0	43	365	186
(c) Persons exposed (not complete, less than 3 doses)	172	7	3	10	55	45	0	11	0	0	230	73
(d) Persons not exposed	20	13	0	2	0	4	0	1	0	0	20	20
Total immunizations	192	20	3	12	55	49	0	12	0	0	250	93
(6) Patients treated—												
(a) At hospital	147	104	32	20	120	84	13	13	4	3	316	224
(b) At home	91	44	23	23	61	66	19	25	3	9	197	169
Percentage of cases treated in hospital	62	70	58	44	66	56	41	34	57	25	61	57

MORTALITY BULLETIN FOR THE WEEK ENDING OCTOBER 28, 1922.

There were 1,208 deaths and a rate of 10.79 reported during the week, as compared with 1,177 deaths and a rate of 10.68, an increase in the absolute number of deaths of 31 and in the rate of .11 of a point, which is equivalent to an increase of 12 deaths.

During the past week there was 1 death reported from scarlet fever, as compared with 2; 11 deaths from diphtheria and croup as compared with 10; 3 deaths from whooping cough, as compared with 4, and 3 deaths from typhoid fever, as compared with 2. There were no deaths reported from measles during the past week. There were 109 deaths from cancer, as compared with 103; 265 deaths from heart diseases, as compared with 247, and 89 deaths from Bright's disease and nephritis, as compared with 79. There was a decrease

Digitized by Google

of 8 deaths from the pneumonias, the figures being 94 and 102 respectively, as 94 deaths from pulmonary tuberculosis, as compared with 84 in the corresponding week of last year. The diarrhoeal diseases showed a mortality of only 24 deaths as compared with 42 in the corresponding week of last year, a decrease of 18 deaths.

The infant mortality showed a slight increase, there having been 167 deaths reported, as compared with 161; at ages five to sixty-five, there were 693 deaths as compared with 657; the mortality at sixty-five years of age and over numbered 296, as compared with 292.

From January 1st to date 76 infants under one year of age died out of every 1,000 born, as compared with 74 deaths at the same age for corresponding period of last year.

The death rate for the first 43 weeks of this year was 12.00, as compared with 11.20 per 1,000 of the population for the corresponding period of last year.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Aug. 5	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28
Total deaths	1068	1027	1044	1050	987	999	928	960	1089	1135	1085	1139	1109
Annual Death Rate	9.54	9.17	9.33	9.38	8.82	8.92	8.29	8.58	9.28	10.14	9.69	10.18	10.79
*Acute Infectious Diseases	24	16	22	21	9	15	22	16	19	22	22	16	9
Pul. Tuberculosis..	108	75	70	104	88	98	62	69	81	78	76	67	84
Influenza	1	1	2	..	2	..	1	1	2	2	3	2	5
Lobar Pneumonia..	21	24	23	22	30	23	25	20	25	36	41	46	42
Broncho Pneum. ..	27	29	38	32	36	36	35	37	49	56	51	43	32
**Violent Deaths ...	89	80	79	90	66	62	67	69	78	71	73	68	58
Deaths under 1 year.	171	163	177	173	152	156	146	115	124	174	141	176	167
Rates per 1,000 births	67.8	64.7	70.4	68.7	60.3	62.0	58.0	45.7	49 3	69.2	56.1	70.1	66.7
Deaths under 5 years	227	214	227	230	195	196	208	180	184	237	203	233	229
" 5-65 years ...	596	576	586	574	556	601	527	567	603	649	620	635	609
" 65 years and over	245	237	231	246	226	202	198	218	252	249	262	261	255

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	224	169	247	316	284	179	251	310	247	220	265	234	25
Diphtheria	105	120	115	107	60	83	86	96	128	99	106	133	15
Measles	64	48	32	35	18	13	16	18	30	38	37	51	5
Scarlet Fever	25	24	29	33	26	35	30	34	46	57	64	62	7
Chickenpox	10	11	11	10	9	16	14	9	25	36	55	69	6
Influenza	9	5	8	4	4	4	7	11	11	18	31	22	3
Pneumonias	77	96	131	133	114	95	101	89	133	124	138	172	16
Typhoid Fever	20	33	35	46	34	52	22	26	33	26	25	25	3
Whooping Cough ...	86	98	95	97	85	86	98	116	124	104	78	76	7
Syphilis	197	168	151	155	225	188	237	251	249	358	261	227	17
Gonorrhoea	154	72	71	72	143	134	103	164	119	99	176	135	10
Poliomyelitis	4	8	8	5	8	8	7	16	15	22	12	7	1
Cerebro-spinal Meningitis	4	2	2	5	3	3	7	2	3	3	3	5	1
Total	979	854	935	1018	1025	878	1004	1188	1171	1221	1308	1190	1

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, October 28, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	522	541	515	1017	429	57	11 96	12.48	11 88
The Bronx	732,016	809,536	124	153	148	269	54	11	8.31	9.86	9 54
Brooklyn	2,018,356	2,117,227	399	381	414	599	179	51	10 02	9 89	10.20
Queens	469,042	516,688	93	94	98	178	82	6	9.75	9.49	9.89
Richmond	116,531	124,400	89	89	88	49	9	4	16 78	16.86	13.84
Total	5,620,048	5,839,738	1177	1208	1208	2112	753	128	10.68	10.79	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-three weeks of this year there were 57,780 deaths, a rate of 12.00 per 1,000 population. During the corresponding weeks of last year there were 53,054 deaths, a rate of 11.20 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Disease, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	4	33	..	2	..	11	29	12	12	2	4	54	77	104	326	111
The Bronx	2	24	2	..	1	7	7	2	2	..	..	4	22	27	83	43
Brooklyn	8	19	..	2	2	20	11	9	8	6	1	27	51	68	207	106
Queens	1	8	..	1	1	3	5	1	1	2	1	4	14	17	49	28
Richmond	..	10	..	..	..	1	..	..	..	..	..	1	3	3	28	8
Total	15	94	2	5	4	42	52	24	23	10	6	90	167	219	693	296

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	71	68 5	7	6.7	4	5	94	22 9	10	2 4	2	0.5
The Bronx	23	80 2	4	14 0	1	1	32	20.5	4	2.6	1	0.6
Brooklyn	54	57 5	8	8 5	2	6	71	16.7	8	1.9	7	1.6
Queens	16	85 7	1	5.4	..	1	19	18.4	1	1.0	1	1.0
Richmond	3	54 6	..	...	..	..	3	18.1	..	...	..	...
City of New York.	167	66 7	20	8.0	7	13	219	19.6	23	2.1	11	1.0

During the first forty three weeks of this year 8,184 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,094 died, a rate of 74. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 10-21-'22.	29	72	13	16	16	40	..	21	3	2	..	2	..	..	..	45	..	547	92	898
Admitted	7	17	2	10	1	21	..	8	2	1	..	1	..	..	..	3	..	23	11	107
Discharged ..	9	13	2	12	4	9	..	3	..	1	..	..	..	..	..	1	..	11	4	69
Died	..	2	..	1	..	4	..	..	..	..	..	..	..	..	..	..	..	..	1	8
Rem'g 10-28-'22.	27	74	13	13	13	48	..	26	5	2	..	3	..	..	..	47	..	559	98	928
Total treated	36	89	15	26	17	61	..	29	5	3	..	3	..	..	..	48	.	570	103	1005

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and over
All causes	1208	1177	647	561	167	28	24	219	49	62	214	268	39
1. Typhoid Fever	3	2	2	1	..	..	..	..	1	1	1	..	..
2. Malarial Fever	..	..	..	..	..	..		..	..	..	..	..	..
5. Measles	..	1	..	..	..	..	..	..	..	..		..	..
6. Scarlet Fever	1	2	..	1	..	..	..		1	..		..	..
7. Whooping Cough	3	4	2	1	3	..	..	3	..			..	..
8. Diphtheria	11	10	6	5	..	3	5	8	3	.	..		
9. Influenza	5	7	2	3	3	..	1	4	..		..	1	
Poliomyelitis	3	3	2	1	..	..	1	1	2	..			
12. Other Epidemic Diseases	3	3	1	2	1	..	..	1	..	..	..	..	1
13. Pulmonary Tuberculosis	94	84	54	40	..	..	2	2	2	24	36	26	4
14. Tbc. Meningitis	2	3	2	..	..	..	1	1	1	..	..	..	
15. Other forms Tbc.	7	10	1	6	1	..	..	1	..	..	4	2	..
16. Cancer, Malignant Tumor	109	103	45	64	..	1	..	1	1	1	12	62	32
17. Simple Meningitis	3	3	2	1	1	1	..	2	1	..	..		.
17a. Cerebro-spinal Meningitis	2	1	1	1	..	1	1	2	..	..	..	..	
18. Apoplexy, Softening of the Brain	8	18	4	4	..	..	..	..		..	..	5	3
19. Organic Heart Diseases	251	234	128	123	1	..	..	1	5	4	24	85	132
20. Acute Bronchitis	4	10	3	1	3	..	..	3	.	..	..	..	1
21. Chronic Bronchitis	2	2	2	..	..	..		..	..	.	..	1	1
22. Lobar Pneumonia	42	58	23	19	7	..	1	8	3	..	9	15	7
22a. Broncho Pneumonia	52	44	27	25	23	10	3	36	1	1	1	7	6
23. Other Respiratory Diseases	6	7	4	2		..	..	..	..	..	3	..	3
24. Diseases of the Stomach (Cancer excepted)	6	10	2	4	..	2	..	2	..	1	1	..	2
25. Diarrhoeal Diseases (under 5 years)	23	41	17	6	20	3	..	23	..	..			
26. Appendicitis and Typhilitis	9	16	7	2	..	..	..	..	..	2	3	4	..
27. Hernia, Intestinal Obstruction	15	9	8	7	2	.	..	2	..	..	3	5	5
28. Cirrhosis of Liver	4	6	4	..	..	..	..	..		..	..	4	..
29. Bright's Disease and Nephritis	89	79	41	48	..		..	..		2	13	22	41
30. Diseases of Women (not Cancer)	3	1	..	3		..	..	..		..	3	3	..
31. Puerperal Septicaemia	1	1		1	..	..	..	..		..	1	..	
32. Other Puerperal Diseases	15	10		15	..		.			1	14	.	
33. Congenital Debility, and Malformations	93	78	51	42	37	2	3	92	1	..	..		
34. Old Age	4	5	2	2			..	..	..	..	..	..	4
35. Violent Deaths	96	68	70	26	1	1	3	5	17	10	31	22	10
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	..
b. Other Accidents	90	60	65	25	1	1	3	5	17	9	28	21	10
c. Homicide	6	8	5	1	..	..	..	..	..	1	3	2	..
36. Suicide	10	16	8	2	..	..		..	..	2	5	3	..
*37. All other causes	223	219	125	98	14	4	3	21	10	13	43	72	39
38. Ill-defined causes	1	9	1	.	..	..	..	..	..	..	1	..	..

Deaths in Institutions,	542	Mean temperature,	50.4 deg. Fahr
Mean barometer,	29.58	Minimum temperature,	35. deg. Fahr
Mean humidity,	58.7	Maximum temperature,	55. deg. Fahr
Precipitation,	0.42		

†If the deaths under one month, numbering 81 from all causes, be deducted from the total deaths under one year, the resulting rate will be 34 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 3, Syphilis 8, Diabetes 34, Alcoholism 6, Locomotor Ataxia 2, Paresis 14, Arterio-sclerosis 52, all other congenital causes 4.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. NOVEMBER 11, 1922. No. 45.

REPORT OF COMMITTEE APPOINTED BY THE COMMISSIONER TO CONSIDER THE VALUE OF WHOOPING-COUGH VACCINE.

"The members of the above Committee met on October 4th, 1922, to consider whether the use of whooping-cough vaccine was efficacious as a preventive and therapeutic measure. It was the judgment of the Committee that a definite pronouncement on the question of its preventive value should be deferred until a special study which has just been inaugurated by the Bureau of Laboratories is completed. It is anticipated that this study will furnish a definite answer with respect to this much debated question.

"As to the therapeutic value of pertussis vaccine, it is the judgment of the Committee that it seems to be a symptomatic remedy which has appeared to have some value in abating the severity and frequency of the paroxysms. Whether the good results attributed to whooping-cough vaccine are due to a non-specific protein reaction is a question which cannot be answered at this time. In all events, the favorable judgment of the value of whooping-cough vaccine in symptomatic treatment of whooping-cough, which has been recorded by a number of clinicians of good standing, warrants us to encourage the continued trial of whooping-cough vaccine in the treatment of pertussis, especially since the treatment is harmless.

"The Committee is unanimous in its recommendation that whooping-cough, in view of its serious complications and sequelae, and its high mortality rate, should be regarded as a major communicable disease, and that parents and physicians should be instructed and urged to recognize that strict quarantine is as essential in this disease as in the other major communicable diseases. Whenever the maintenance of strict quarantine is not possible, a patient suffering from this disease should be sent at once to one of the hospitals of the Department of Health, so as to remove a source of infection that may be responsible for the spread of the disease.

"J. J. BLUMENTHAL, M. D., Act. Director, Bureau of Child Hygiene,
"ROBERT J. WILSON, M. D., Director, Bureau of Hospitals,
"L. H. HARRIS, M. D., Director, Bureau of Preventable Diseases,
"WM. H. PARK, M. D., Director, Bureau of Laboratories,
"Committee."

Digitized by Google

MORTALITY OF THE LARGE CITIES OF THE UNITED STATES DURING 1921.

Crude Death Rates.

So many factors enter into the composition of the crude death rate that its value as a measure of sanitary conditions in making comparison between a number of cities is generally overrated by those who run and read. The most important of these factors are the sex and age grouping of the population, the racial predominance, occupation, presence of large institutions, and deaths of non-residents. The crude death rate, on the other hand, is of considerable value in comparing the mortality of a series of years in the same city.

In the accompanying table, the two cities that show the lowest death rates are Detroit and Cleveland, with only .01 of a point separated, the rates being 10.46 and 10.47, respectively; Chicago is the next, with a rate of 11.08; then comes New York, with a rate of 11.17; then St. Louis, with a rate of 11.88. Pittsburgh has the highest rate of the twelve cities specified in the table, one of 14.10; Baltimore next, with a rate of 13.79—the high rate in Baltimore being undoubtedly due to the presence of a large number of colored residents, averaging about fourteen per cent; Boston showed the next highest rate, 13.49; and Los Angeles, 13.45, the comparatively high death rate of this city being due to the inclusion of deaths from pulmonary tuberculosis, cancer, and various organic diseases of persons who took up their abode there to live under more or less ideal climatic conditions.

Typhoid Fever.

Chicago showed the lowest rate, one per 100,000 of the population; New York and Philadelphia showed rates of 2 per 100,000 of the population; Boston, Cleveland, and Los Angeles, a rate of 3; Buffalo, Pittsburgh, San Francisco, and St. Louis, a rate of 4; and Baltimore and Detroit, a rate of 5 per 100,000.

Measles, Scarlet Fever, Whooping Cough, and Diphtheria.

The yearly fluctuations in the epidemicity of measles, scarlet fever, and whooping-cough render the comparisons of rates of little value. Diphtheria, on the other hand, gives a good indication of the results of the efforts of health officials to cut down the mortality from this cause. Baltimore had the lowest rate, 12 per 100,000; closely followed by Los Angeles, with a rate of 13; then New York, with a rate of 16; Philadelphia, 17; Boston, 19; St. Louis, 20; Pittsburgh and Cleveland, 22; and Chicago, 24; San Francisco, 26; Buffalo, 28. The highest rate of all, 34, was in Detroit.

Pulmonary Tuberculosis.

The three western cities Chicago, Detroit, and Cleveland showed the lowest rates from pulmonary tuberculosis, respectively, 70, 74, and 78; Pittsburgh showed an exceedingly low rate of 80, which is in striking contrast to the extraordinary high rate of 287 from the pneumonias; the rate in New York City was 89; in Buffalo, 90; San Francisco, 95; Boston, 100; Philadelphia, 102; and St. Louis, 103. The highest rate in the table was shown in Los Angeles, 149, undoubtedly due to the large number of persons afflicted with pulmonary tuberculosis taking up their abode in that city in order to obtain the beneficial effects of its desirable climate; Baltimore had the next highest rate, 118, due to the excessive high rates from this cause always associated with the presence of a large number of colored people.

Cancer.

Detroit showed the lowest rate in the table, one of 70 per 100,000; Cleveland, 76; Chicago, 96, and New York City, 97. San Francisco showed the highest rate in the table, 144; and Boston the next highest rate, 139.

Pneumonias.

lowest rate from the pneumonias was 72, in Los Angeles, as compared te of 287, four times as much, in Pittsburgh; Buffalo showed a rate of

Digitized by Google

73; Chicago, 80; Detroit, 90; Cleveland, 93; San Francisco, 110; New York City, 113; Boston, 118; Baltimore, 133; and St. Louis, 152.

Birth Rates and Infant Mortality.

The highest rate was shown in Detroit, 27.79; the lowest rate in San Francisco, 16.67. The next highest rate was that of Pittsburgh, 26.88; Boston was third, with a rate of 25.60; and Buffalo fourth, with a rate of 25.44. San Francisco, showing the lowest birth rate, also showed the lowest infant mortality, 47 per 1,000 births reported; St. Louis was next, with a rate of 62; Los Angeles third, with a rate of 65; and New York City fourth, with a rate of 71. The highest rates in the table were shown in Buffalo and Los Angeles, both 94.

Vital Statistics of the Principal American Cities With Over 500,000 Population, 1921.

	Estimated Population—1921.	Total Deaths—All Causes.	Death Rate per 1,000 Population.	Typhoid Fever—Death Rate per 100,000.	Measles—Death Rate per 100,000.	Scarlet Fever—Death Rate per 100,000.	Whooping Cough—Death Rate per 100,000	Diphtheria & Croup Death Rate per 100,000.	Pulmonary Tuberculosis—Death Rate per 100,000.	Other Tuberculosis—Death Rate per 100,000.	Cancer & Sarcoma—Death Rate per 100,000.	Epid. C. S. M.—Death Rate per 100,000.	Broncho & Lobar Pneu.—Death Rate per 100,000.	Total Births Reported.	Birth Rate per 1,000 Population.	Death Rate Under One Year per 1,000 Population.
Baltimore	752,865	10,380	13.79	5	3	1	14	12	118	21	105	2	133	18,808	24.98	85
Boston	757,634	10,220	13.49	3	5	7	4	19	100	15	139	4	118	19,397	25.60	77
Buffalo	519,608	6,353	12.23	4	5	11	15	28	90	15	103	2	73	13,222	25.44	94
Chicago 2	2,780,655	30,819	11.08	1	5	6	5	24	70	13	96	1	80	56,543	20.33	89
Cleveland	831,138	8,705	10.47	3	3	14	5	22	78	18	76	1	93	20,283	24.40	73
Detroit	993,739	10,395	10.46	5	3	12	11	34	74	15	70	1	90	27,616	27.79	84
Los Angeles ...	611,921	8,203	13.45	3	4	3	1	13	149	25	122	1	72	12,097	19.77	65
Philadelphia 1	1,866,212	23,704	12.70	2	1	6	8	17	102	14	109	1	131	43,434	23.27	78
Pittsburgh	602,452	8,494	14.10	4	4	8	7	22	80	20	93	2	287	16,193	26.88	94
San Francisco .	550,000	7,026	12.78	4	2	1	5	26	95	21	144	3	110	9,167	16.67	47
St. Louis	795,008	9,442	11.88	4	1	5	8	20	103	12	107	1	152	15,182	19.10	62
New York City.5	5,751,859	64,257	11.17	2	3	7	6	16	89	13	97	3	113	134,241	23.34	71

NEW PAMPHLETS ON GONORRHOEA AND SYPHILIS, WHICH PHYSICIANS ARE REQUIRED TO DISTRIBUTE TO ALL SUCH CASES THEY TREAT.

The readers of the Weekly Bulletin will be interested to know that the circulars giving advice and information about gonorrhoea and syphilis, which, according to law, must be issued by every physician in dispensary or private practice to persons suffering from these diseases, have been radically revised by a joint committee representing the Venereal Diseases Section of the Associated Out-Patient Clinics of the City of New York, and the Bureau of Preventable Diseases.

The new circulars express not only the judgment of the officers of the Bureau of Preventable Diseases, but of a group of specialists in venereal diseases who represent all of the officially recognized venereal disease clinics of the City of New York. It is hoped that these new circulars, representing as they do the judgment of such authoritative workers in this special field of medicine, as Dr. Edward L. Keyes, Chairman of the Section on Venereal Disease, Associated Out-Patients Clinic; Dr. Louis Chargin, Chief of the Division of Venereal Diseases, Department of Health; Dr. Alec N. Thomson, Executive Secretary, Section on Venereal Diseases, Associated Out-Patient Clinics; Dr. D. D. Stetson, Chief, Syphilis Department, Skin and Cancer Hospital; and Dr. J. S. Read, Genito-Urinary Department, of the Long Island College Hospital; will serve a useful purpose in instructing patients and others who need to be advised about these diseases.

Digitized by Google

The Department of Health has on hand a supply of these circulars, and will distribute them to patients attending its clinics, as well as to private physicians, hospitals and dispensaries. If any of the institutions desire to have an extra supply of these circulars, they may print copies of the official circular, or prepare a circular of their own which must, however, receive the approval of the Department of Health.

MEASLES IN NEW YORK CITY.

Second Quarter, June 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839736
Cases reported	1921	1814	490	452	179	24	2959
	1922	9484	3603	7463	2278	552	23380
Case fatality	1921	.03	.01	.02	.02	0	.02
	1922	.03	.02	.03	.01	.02	.03
Deaths reported	1921	48	6	8	4	0	66
	1922	323	56	189	27	12	607
Cases per 1,000 of population	1921	3.20	2.53	.87	1.44	.79	2.06
	1922	16.76	17.86	14.15	17.69	17.81	16.06
Deaths per 1,000 of population	1921	.08	.03	.02	.03	0	.05
	1922	.57	.28	.36	.21	.39	.42

DIPHTHERIA IN NEW YORK CITY.

Second Quarter, June 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839736
Cases reported	1921	1873	769	1451	429	134	4656
	1922	1604	379	1171	237	66	3457
Deaths reported	1921	99	29	84	26	7	245
	1922	146	26	91	20	8	291
Primary cultures	1921	7911	2240	3703	1359	1009	16222
	1922	7746	1642	6176	867	519	16950
Positive cultures	1921	1048	456	759	262	81	2606
	1922	728	216	638	112	33	1727
Negative cultures	1921	6491	1604	2721	1015	881	12712
	1922	6878	1371	5438	723	477	14887
Treated at home	1921	1315	710	1232	398	104	3759
	1922	1096	364	955	198	44	2657
Removed to D. of H. hospital	1921	558	59	219	31	30	897
	1922	508	15	216	39	22	800
Immunizations	1921	736	122	537	0	75	1570
	1922	...	...	...	...	...	...
Case fatality	1921	.05	.04	.06	.06	.05	.05
	1922	.09	.07	.08	.08	.12	.08
Cases per 1,000 of population	1921	3.30	3.96	2.80	3.46	4.44	3.25
	1922	2.83	1.88	2.22	1.84	2.13	2.38
Deaths per 1,000 of population	1921	.17	.15	.16	.21	.23	.17
	1922	.26	.13	.17	.16	.26	.20

SCARLET FEVER IN NEW YORK CITY.

Second Quarter, June 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839736
Cases reported	1921	1411	612	1228	550	66	3867
	1922	1309	447	1024	454	122	3356
Deaths reported	1921	59	17	41	16	1	134
	1922	40	8	15	8	1	72
Treated at home	1921	1069	573	1071	503	56	3272
	1922	1007	437	888	390	104	2826
Removed to D. of H. hospital	1921	342	39	157	47	10	595
	1922	302	10	136	64	18	530
Case fatality	1921	.04	.03	.03	.03	.02	.03
	1922	.03	.02	.01	.02	.01	.02
Cases per 1,000 of population	1921	2.49	3.15	2.37	4.44	2.18	2.70
	1922	2.31	2.22	1.94	3.53	3.04	2.31
per 1,000 of population	1921	.10	.09	.08	.13	.08	.09
	1922	.07	.04	.03	.06	.03	.05

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Second Quarter, June 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
New cases reported	1921	2054	305	1049	173	33	3614
	1922	2119	364	1181	177	42	3883
Total cases in register	1921	14890	3351	6690	1425	313	26669
	1922	14844	3370	6762	1438	301	26715
New patients examined at clinics	1921	3392	637	2251	279	24	6583
	1922	2288	439	3603	174	43	6547
Total visits of patients to clinic	1921	6788	3483	7790	1777	257	20095
	1922	10064	2734	8251	1247	358	22654
Cases under supervision	1921	162	56	383	13	5	619
	1922	0	123	258	5	4	390
Voluntary renovations	1921	135	0	135	213	34	517
	1922	193	146	160	83	50	582
Sputum examination	1921	4766	1206	2563	487	93	9115
	1922	5352	1116	2832	431	85	9812
Positive sputum	1921	789	161	472	94	11	1527
	1922	1071	198	725	108	17	2119
Deaths from pulmonary tuberculosis	1921	706	156	432	78	29	1401
	1922	696	160	400	113	32	1391
Deaths from pulmonary tuberculosis per 1,000 of population	1921	1.24	.80	.83	.63	.96	.98
	1922	1.21	.79	.76	.88	1.03	.95
Deaths all forms of tuberculosis.	1921	821	175	496	94	32	1620
	1922	809	189	481	128	35	1642
Deaths all forms of tuberculosis per 1,000 of population	1921	1.45	.90	.96	.76	1.06	1.18
	1922	1.43	.94	.91	.99	1.13	1.13

MORTALITY BULLETIN FOR THE WEEK ENDING NOVEMBER 4, 1922.

There were 1,161 deaths reported during the week with a death rate of 10.37 per 1,000 of the population as compared with 1,181 deaths and a rate of 10.71 in the corresponding week of 1921, a decrease in the absolute number of deaths of 20 and in the rate of .34 of a point, which is equivalent to a decrease of 38 deaths.

At this time of the year the mortality from the infectious diseases is very low. There was 1 death reported from encephalitis lethargica; 2 from measles; 2 from scarlet fever and 5 from whooping cough. There were 15 deaths reported from diphtheria and croup as compared with 17 in the corresponding week of 1921. The diarrhoeal diseases under five years of age showed a decreased mortality, there having been 20 deaths reported as compared with 32. Five deaths were reported from influenza as compared with 8; 106 deaths from the pneumonias as compared with 117 and 80 deaths from pulmonary tuberculosis as compared with 99. The few causes that showed material increases were cancer with 134 deaths as compared with 119 and chronic organic heart and kidney diseases, 327, as compared with 301.

Viewed from the point of age grouping, there were 151 deaths of infants under one year of age as compared with 161, a reduction of 10; between one and five years of age there were 57 deaths reported as compared with 65, a reduction of 8; between five and sixty-five years of age there were 643 deaths reported as compared with 665, a decrease of 22; at sixty-five years of age and over there were 310 deaths reported as compared with 290, an increase of 20.

The death rate for the first 44 weeks of 1922 was 11.97 as compared with a rate of 11.18 in the corresponding period of 1921, an increase of .79 of a point.

From January 1st to date 76 infants under one year of age died out of every 1,000 born as compared with 73 deaths at this age in the corresponding period of 1921, an increase of 3 per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

BLOOD TRANSFUSION.—Bell, W. B. Blood transfusion an automatic method of citration at body temperature. (Lancet Sept. 2, 1922. pp. 501-502.)

CHILDREN, CARE AND HYGIENE.—Reuben, Mark S. The pre-school age. (N. Y. Med. J. & Med. Rec. Oct. 18, 1922. pp. 462-465.)

CHILDREN, CRIPPLED.—Chollett, B. G. Progress in care and education of crippled children in Ohio under new laws. (A. M. A. Jour. Oct. 14, 1922. pp. 1297-1299.)

DIABETES.—Croll, H. M. The use of vegetables in the diabetic diet. (A. M. A. Jour. Oct. 21, 1922. pp. 1424-1426. Tables.)

MALNUTRITION.—Orgel, S. Z. Malnutrition due to carbohydrate excess. (N. Y. Med. J. & Med. Rec. Oct. 18, 1922. pp. 453-454.)

MENTAL HYGIENE.—Terhune, W. B. The mental hygiene bureau of Connecticut, the work of a new bureau and its comprehensive program for expansion. (National Health. Oct., 1922. pp. 585-589.)

NURSING, PUBLIC HEALTH.—Dock, L. L. History of public health nursing. (Am. J. Public Health. Oct., 1922. pp. 522-526.)

NURSES, VISITING.—Tucker, K. The place and value of visiting nursing in community health work. (Pub. Health Nurse. Oct., 1922. pp. 497-506.)

TUBERCULOSIS, SPINE.—Cofield, Robert B. Bony bridging in tuberculosis of the spine. (A. M. A. J. Oct. 21, 1922. pp. 1391-1393. Illus.)

VENEREAL DISEASE.—Casselman, A. J. Venereal disease social service in Plainfield, N. J. (Public Health Rep. Sept. 22, 1922. pp. 2307-2314.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Aug. 12	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4
Total deaths	1027	1044	1050	987	999	923	960	1089	1135	1085	1139	1206	1161
Annual Death Rate	9.17	9.33	9.38	8.82	8.92	8.29	8.58	9.28	10.14	9.69	10.18	10.79	10 37
*Acute Infectious Diseases	16	22	21	9	15	22	16	19	22	22	26	29	29
Pul. Tuberculosis..	75	70	104	88	98	62	69	81	78	76	67	94	89
Influenza	1	2	..	2	..	1	1	2	2	3	2	5	5
Lobar Pneumonia..	24	28	22	30	23	25	20	25	36	41	46	42	55
Broncho Pneum. ..	29	38	32	36	36	35	37	49	56	51	48	52	51
**Violent Deaths ...	80	79	90	66	62	67	69	73	71	73	68	96	76
Deaths under 1 year.	168	177	178	152	156	146	115	124	174	141	176	167	151
Rates per 1,000 births	64.7	70.4	68.7	60.3	62.0	58.0	45.7	49.3	69.2	56.1	70.1	66.7	60 4
Deaths under 5 years	214	227	230	195	196	208	180	184	237	208	222	219	208
" 5-65 years ...	576	586	574	556	601	527	567	603	649	620	636	688	643
" 65 years and over	237	231	246	226	202	198	213	252	249	262	281	296	310

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	169	247	816	284	179	251	310	247	220	265	284	235	225
Diphtheria	120	115	107	60	83	86	96	128	99	106	133	157	174
Measles	48	32	35	18	18	16	18	30	33	37	31	27	24
Scarlet Fever	24	29	33	26	35	30	34	46	57	64	62	70	39
Chickenpox	11	11	10	9	16	14	9	25	36	55	63	42	65
Influenza	5	8	4	4	4	7	11	11	18	31	21	28	41
Pneumonias	96	131	138	114	95	101	89	138	124	138	172	162	120
Typhoid Fever	38	35	46	46	34	52	22	26	33	35	25	20	13
Whooping Cough ...	98	95	97	85	86	93	116	124	124	78	86	81	97
Syphilis	168	151	155	225	188	237	251	249	353	261	227	212	257
Gonorrhoea	72	71	72	143	134	103	164	119	99	178	155	138	121
Poliomyelitis	8	8	5	8	8	7	16	15	22	12	7	10	9
Cerebro-spinal Meningitis	2	2	5	3	3	7	2	3	3	3	3	2	4
Total	854	935	1018	1025	878	1004	1188	1171	1221	1303	1269	1159	1180

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 4, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	533	557	532	884	400	47	12 21	12.79	12.22
The Bronx	782,016	809,536	118	128	127	247	69	16	7.57	8.25	8.18
Brooklyn	2,018,356	2,117,227	413	357	373	880	464	80	10.87	8.80	9.19
Queens	469,042	516,688	90	89	103	182	36	6	9.44	8.99	10.40
Richmond	116,531	124,400	32	30	26	44	26	1	13.77	12 58	10.91
Total	5,620,048	5,839,788	1181	1161	1161	2187	994	100	10.71	10.87	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-four weeks of this year there were 58,941 deaths, a rate of 11.97 per 1,000 population. During the corresponding weeks of last year there were 54,235 deaths, a rate of 11.18 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	10	88	1	1	2	25	24	14	12	6	2	32	85	112	312	133
The Bronx	..	10	..	2	..	3	5	1	1	..	..	6	13	15	74	39
Brooklyn	9	14	2	1	2	17	12	7	7	3	2	28	41	60	189	108
Queens	5	8	..	1	..	3	3	..	..	1	..	5	10	17	53	19
Richmond	..	10	..	..	..	2	2	..	..	..	..	1	2	4	15	11
Total	24	80	3	5	4	55	51	22	20	10	4	72	151	208	643	310

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	74	71.6	7	6.8	8	2	98	23.9	9	2.2	6	1.5
The Bronx	17	59 4	1	3.5	..	..	19	12.2	2	1.3	1	0.6
Brooklyn	44	47 0	7	7.5	1	5	66	15 6	8	1.9	3	0.7
Queens	14	75.1	1	5.4	..	..	21	20.3	1	1.0	3	3.0
Richmond	2	86 4	..	...	..	..	4	17.5	..	...	..	...
City of New York.	151	60.4	16	6.4	9	7	208	18.6	20	1.8	13	1.2

During the first forty-four weeks of this year 8,335 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,255 died, a rate of 73. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Fever Scarlet	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 10-28-'22.	27	74	13	13	13	48	..	26	5	2	..	3	..	..	..	47	..	559	98	928
Admitted	9	9	..	16	4	18	..	6	3	..	..	1	..	..	..	7	..	16	9	98
Discharged	6	10	4	5	2	8	..	7	1	1	..	1	..	..	..	8	..	21	1	75
Died	..	2	1	1	..		..	1		1	..	2	..	..	..	..	..	..	..	8
Rem'g 11-4-'22.	30	71	8	23	15	58		24	7	..	..	1	..	..	..	46	..	554	106	943
Total treated	36	83	13	29	17	66	..	32	8	2	..	4	..	..	..	54	..	575	107	1026

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and over
All causes	1161	1181	606	556	151	32	25	208	40	50	206	289	168
1. Typhoid Fever	3	2	2	1	..	..	..	..	..	1	2	..	1
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	2	2	2	..	..	1	1	2	..	..	..	..	..
6. Scarlet Fever	2	2	..	2	..	..	..	..	2	..	..	..	..
7. Whooping Cough	5	2	2	3	4	..	1	5	..	..	..	..	..
8. Diphtheria	15	17	7	8	..	..	6	6	7	..	2	..	..
9. Influenza	5	8	2	3	1	..	..	1	..	1	..	3	..
Poliomyelitis	2	6	2	..	..	1	..	1	1	..	..	..	..
12. Other Epidemic Diseases	1	2	1	..	1	..	..	1	..	..	..	..	..
13. Pulmonary Tuberculosis	80	99	46	34	..	2	..	2	..	18	36	12	6
14. Tbc. Meningitis	4	3	3	1	1	1	2	4	..	..	..	..	..
15. Other forms Tbc.	5	3	3	2	1	1	..	2	..	1	2	..	..
16. Cancer, Malignant Tumor	184	119	64	70	..	..	..	..	1	1	15	65	40
17. Simple Meningitis	5	2	4	1	..	1	..	1	1	1	1	1	..
17a. Cerebro-spinal Meningitis	3	5	2	1	1	..	..	1	2	..	..	..	..
18. Apoplexy, Softening of the Brain	20	14	6	14	1	..	..	1	..	..	2	10	7
19. Organic Heart Diseases	221	224	115	106	..	..	..	..	2	3	22	92	92
20. Acute Bronchitis	4	7	2	2	3	1	..	4	..	..	..	..	..
21. Chronic Bronchitis	1	1	..	1	..	..	..	..	..	..	..	..	1
22. Lobar Pneumonia	55	61	32	23	4	7	1	12	1	1	16	13	12
22a. Broncho Pneumonia	51	56	27	24	26	7	2	35	1	1	2	7	5
23. Other Respiratory Diseases	10	8	7	3	1	2	..	3	2	..	..	3	2
24. Diseases of the Stomach (Cancer excepted)	12	6	9	3	1	..	..	1	..	..	6	3	1
25. Diarrhoeal Diseases (under 5 years)	20	32	13	7	16	4	..	20	..	..	..	..	..
26. Appendicitis and Typhilitis	15	22	9	6	..	..	..	..	1	2	4	6	2
27. Hernia, Intestinal Obstruction	11	10	4	7	1	..	..	1	..	..	4	2	4
28. Cirrhosis of Liver	4	5	2	2	..	..	..	..		..	3	1	
29. Bright's Disease and Nephritis	89	59	35	54	..		..	..	1	2	3	35	48
30. Diseases of Women (not Cancer)	7	5	..	7		..	..			1	5	1	
31. Puerperal Septicaemia	..	3		..		..	..	..		..	..	..	
32. Other Puerperal Diseases	12	16		12	..	..	..			1	11	..	
33. Congenital Debility, and Malformations	78	76	44	34	76	1	1	78	..	..	..		
34. Old Age	5	7	..	5	..	..	..	..	..	..			5
35. Violent Deaths	76	62	57	19	1	..	6	7	12	4	34	14	5
a. Sunstroke	..	..	..	..		..	..	..		..	..		
b. Other Accidents	72	59	53	19	1	..	6	7	12	4	32	12	15
c. Homicide	4	3	4	..	..	..	..	..	..	..	2	2	
36. Suicide	10	16	8	2	..	..	..	..	..	1	4	5	
*37. All other causes	193	208	94	99	12	3	5	20	6	6	33	67	61
38. Ill-defined causes	1	4	1	..	..	..	..	..	..	..	..	1	

Deaths in Institutions,	526	Mean temperature,	49.1 deg. Fah.
Mean barometer,	29.90	Minimum temperature,	34.0 deg. Fah.
Mean humidity,	64.0	Maximum temperature,	64. deg. Fah.
Precipitation,	0.48		

†If the deaths under one month, numbering 80 from all causes, be deducted from the total deaths under one year, the resulting rate will be 28. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 11, Diabetes, 28, Alcoholism 3, Locomotor Ataxia 1, Paresis 4, Arterio-sclerosis 48, all other congenital causes 6.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

21 1922

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. NOVEMBER 18, 1922. No. 46.

DR. ROYAL S. COPELAND.

Digitized by Google

THE CITY'S LOSS AND THE NATION'S GAIN.

In the election of Dr. Royal S. Copeland to the Senate, the Department of Health and the City of New York lose a Commissioner who has unquestionably meant more to them than any of his predecessors. In the Department, the Commissioner's personality and acumen led to the greatest possible co-operative effort from all the employees, and his good leadership made the efforts of the Department much more than ordinarily effective in its work for the health of the City.

By the Commissioner's success in reaching the public, through the newspapers and otherwise, he was enabled to excite greater public interest in health work and to spread the knowledge of the principles of sanitary science much further than would ordinarily have been possible. Further, by his well considered and effective efforts in general and on various important occasions, such as during the influenza epidemic and his work in stopping the influx of vermin-infested immigrants, in enforcing the heating of apartment houses, etc, he gained the approval and earned the gratitude of every public spirited citizen.

In the new field into which Dr. Copeland now enters he will undoubtedly find ample opportunity to exercise his special abilities and use his experience for the good of the nation in sanitary as well as in purely lay governmental matters, but it is with sadness that the Department of Health looks forward to losing him on the 4th of March, next, when his term as Senator begins. However, the Department's and the City's loss is surely the nation's gain.

From the standpoint of physicians, it is certain that the more medically educated men there are in governmental circles, the more will legislation be of that character that the great good sense and special interests of the profession can approve.

Dr. Royal S. Copeland was born on a farm at Dexter, Michigan, November 7, 1868. He graduated from the Dexter High School and afterward attended the Michigan State Normal College and the University of Michigan. From the last named institution he received the degree of Doctor of Medicine in 1889. Since that time he has been given the degree of Master of Arts by Lawrence University, and is a fellow of the American College of Surgeons. He is married and resides with his wife and son at 58 Central Park West, New York City.

After serving his term as interne in the University of Michigan Hospital, five years in private practice and post-graduate work in Europe, he was appointed Professor in the Medical School of Michigan University, a position he held for thirteen years. During his residence in Ann Arbor he was Mayor of the City, President of the Board of Education, President of the Park Board and Member of the Michigan State Tuberculosis Board of Trustees. He was otherwise active in the public affairs of that State.

In 1908 he was President of his national medical organization and that same year was called to New York City to become Dean of Flower Hospital Medical College. That position he filled for ten years. By appointment of the late Mayor Gaynor, Dr. Copeland served on the Ambulance Board of New York City. Soon after taking office in his first term, Mayor Hylan selected Dr. Copeland as Commissioner of Health of New York City. He was for twelve years Treasurer of the National Board of Control of the Epworth League of the Methodist Episcopal Church, of which church he has been a member since early manhood.

Dr. Copeland is a member of Delta Kappa Epsilon, the New York Athletic Club, the National Democratic Club, the Transportation Club, the Sons of the American Revolution, the Knights Templar, the Mystic Shrine, the Friendly Sons of St. Patrick, honorary member of Stationary Engineers' Local, Knights of the Maccabees, Surgeon General of the National Stewards Association, Vice-President of the American Pub-

Digitized by Google

lic Health Association, and the Michigan Society in New York, Newspaper Club of New York, Hundred Year Club of Chicago.

FATHER OF CASE OF CONTAGIOUS DISEASE FINED FOR VIOLATING QUARANTINE.

The nurses of the Bureau of Preventable Diseases have a hard time, during the winter season when communicable diseases run high, to maintain proper quarantine in certain congested sections of the City, especially when dealing with people who have little or no appreciation of the dangerous character of communicable disease. Fortunately, in most instances, a warning from the nurse accompanied by proper instructions, is sufficient to prevent a second violation of quarantine. There are, however, quite a number of cases each year in which, despite the most friendly and persuasive efforts, quarantine regulations are repeatedly violated and people flaunt their defiance in the face of the officers of the Department who are trying to limit the spread of disease. In many such cases we have no resort but to exercise the police powers granted us under the public health law, to forcibly remove such patients from their homes to one of the hospitals of the Department of Health.

A case that occurred in April of this year, presented a problem which is fortunately not frequent. A child living in Coney Island had been reported by its physician as suffering from scarlet fever. A nurse called on the family, gave verbal as well as printed instructions as to the proper maintenance of quarantine, and placed a placard on the door leading into the apartment, to notify the public to avoid entering the premises which were thus quarantined. Upon revisiting the case a few days later, the nurse found that the family had moved the child to new quarters located two blocks away. This was a manifest violation of Sections 98 and 100 of the Sanitary Code. Legal action was taken against the father for having jeopardized the health of children in the neighborhood by this flagrant violation of quarantine regulations, in removing a child suffering from scarlet fever to other premises. The court rendered judgment against the father who was compelled to pay a fine of fifty dollars.

A report of this occurrence is published in order to advise and instruct the public that the removal of a person suffering from a communicable disease, without the approval of the Department of Health, constitutes a violation of the quarantine regulations, according to sections of the Sanitary Code printed below:

Sec. 98. **Removal of persons affected with an infectious disease regulated.**—No person shall, in the City of New York, without a permit therefor issued by the Board of Health, carry, move, or cause to be carried or moved, in any manner whatsoever, through any public street or place any person affected with an infectious disease, or any article which has been exposed to such disease nor shall any person remove or cause to be removed, in the City of New York, any such person or article from any building or vessel to any other building or vessel, or to the shore, without a permit therefor issued by the Board of Health. (S. C. Sec. 143.)

Sec. 100. **Acts tending to promote spread of disease prohibited.**—No person shall by any exposure of any individual sick of any infectious disease, or of the body of such person, or by any negligent act connected therewith, or in respect of the care or custody thereof, or by a needless exposure of himself, cause, contribute to, or promote, the spread of disease from any such person, or from any dead body. (S. C. Sec. 143.)

PULMONARY TUBERCULOSIS CASES NOT VISITED.

Attention is directed to the card which, together with a circular letter, is sent to every physician who reports a case of pulmonary tuberculosis and indicates that he does not wish the nurses of the Department of Health to visit it.

When the card is returned, filled in by the physician, the Borough Chief scrutinizes it to make sure that the doctor has properly replied to the questions. If the doctor does not supply the information, or fails to return the card within a reasonable time, we will construe this as indicating an unwillingness on his part to assume proper responsibility in the case.

Digitized by Google

CIRCULAR LETTER.
DEPARTMENT OF HEALTH
CITY OF NEW YORK

Dear Doctor: The records of this Department show that the patient named in the accompanying card is registered as suffering from pulmonary tuberculosis, and as being under your professional care.

In reporting the case, you requested that the patient should not be visited by the representatives of this Department. We shall gladly comply with your request if you will furnish the information required on the attached card and assure us that you will co-operate in preventing the spread of the disease to others.

If the card, properly filled out, is not returned within a reasonable time, a nurse from this Department will visit the patient.

.....
Director, Bureau of Preventable Diseases.

REPORT ON CASE OF TUBERCULOSIS

From Dr..... Address .....

To the Department of Health, City of New York

Name..... Age..... Sex..... Color..... Nativity.....
Address..... Borough..... Occupation.....
Patient is: Parent—Other Member of Family—Boarder. (Encircle word applying to case.)
Positive Sputum was.....obtained on....., 192.....
Sputum was last examined on.....192.....
The following children are living in the home occupied by the patient:
Name.....Age.....School..... Name.....Age.....School.....
Name.....Age.....School..... Name.....Age.....School.....

I herewith certify from personal knowledge and observation of the above mentioned patient's habits and home conditions that all precautions to prevent the spread of infection are being observed, and that I will assume the responsibility of continuing to observe and supervise the patient and the home conditions as long as patient remains under my professional care.

Date..... .....M. D

NOTE.—All cases of pulmonary tuberculosis, not under continuous observation at their homes by private physicians, are visited by a tuberculosis nurse, who sees that the necessary precautions are being observed and orders renovation upon removal of the case.

The attention of physicians is called to the following resolutions of the Board of Health, adopted March 30, 1910, and amended January 10, 1911.

"It is hereby ordered that every physician having a case of pulmonary tuberculosis under his care be required to notify the Department of Health once a month, on cards furnished for that purpose, if patient still resides at the original address given; if not, of any change of address of such patient in order that the premises vacated may be properly disinfected by the Department.

"And further ordered that every physician be required to notify the Department of Health in the same manner whenever a case of pulmonary tuberculosis passes from his professional care, or fails to observe the necessary sanitary precautions, in order that the Department may assume surveillance of such case."

PHYSICIANS AND OTHERS RECEIVING WEEKLY BULLETIN SHOULD SEND PROMPT NOTICE OF CHANGE IN ADDRESS.

Many complaints come to us that the Weekly Bulletin of the Health Department is not regularly received. This is frequently due to the fact that we are not notified of changes in addresses. We would, therefore, appreciate it if those receiving it would notify us promptly of all removals, in order that we may keep our mailing lists correct.

CHANGE IN LOCATION OF OCCUPATIONAL CLINIC.

Physicians, employers of food handlers, food handlers, and others who may be interested or concerned, are notified that the Occupational Clinic, formerly located at 128 Prince Street, Borough of Manhattan, has been removed to the Department of Health headquarters building, at 505 Pearl Street, between the Municipal Building and the new Court House site. Nearest subway express stations: Brooklyn Bridge and Chambers Street.

The clinic hours have been changed to 2 to 4 p. m., daily, except Sundays and

Digitized by Google

MAILING LIST OF OCCASIONAL PUBLICATIONS.

Owing to the large quantity of mail sent out by the Department and returned undelivered, the Bureau of Public Health Education desires to announce that it has discontinued its mailing list for the "occasional publications" of the Department. This is in the interest of economy. It does not affect the mailing list of the Weekly Bulletin and other regular publications.

Announcements will be made in forthcoming issues of the Weekly Bulletin regarding reprints, pamphlets, and reports as they are received from the printer for distribution. Organizations, institutions, and individuals, desiring copies of these publications, will kindly send a postal card to the Director, Bureau of Public Health Education, 505 Pearl Street, New York City, and a copy of the publication or publications requested will be sent free of charge.

If certain future issues of particular publications are desired—for instance, the Annual Report—note may be made that the same is to be furnished when ready for distribution.

MORTALITY BULLETIN FOR THE WEEK ENDING NOVEMBER 11, 1922.

The outstanding feature of the week's mortality was the very considerable increase in the mortality from the pneumonias. In the week previous there were 106 deaths reported from this cause, and in the week just closed there were 172 deaths reported, an increase of 66 deaths. Ordinarily we experience at this time of the year the usual increased mortality from the respiratory diseases, but the increase under consideration is of such magnitude that it points to a possible severe wave of pneumonic infection sweeping through the city. Compared with the number of deaths from the pneumonias in the corresponding week of 1921, the increase is more marked than that of the week of November 4, 1922. In the week of November 12, 1921, there were 92 deaths reported from the pneumonias, as compared with 172, an increase of 80, which is over 75 per cent.

Influenza does not seem to have had any part in this increased mortality among the respiratory diseases as there were only 3 deaths reported from it during the week, as compared with 4 in the corresponding week of 1921. The suggestion is advanced that official action might be taken in the form of newspaper articles calling attention of the general public to the necessity of exercising all precautions in the prevention of this disease. Another salient feature of the week's mortality is the very considerable increase in the number of deaths from chronic organic heart and kidney diseases. During the week just closed there were 403 deaths reported from this cause, as compared with 347 deaths in the corresponding week of 1921, an increase of 56 deaths. Cancer also showed a considerable increased mortality, 121 deaths being reported therefrom, as compared with 106, an increase of 15.

The infectious diseases of childhood showed about the same mortality with the exception of diphtheria and croup, there having been 15 deaths reported, as compared with 10, an increase of 5 deaths. All told the mortality during the week amounted to 1,326 deaths with a death rate of 11.85 per 1,000 of the population, as compared with 1,123 deaths and a rate of 10.19 in the corresponding week of 1921, an increase in the absolute number of deaths of 203 and in the rate of 1.66 points, which is equivalent to a relative increase of 186 deaths.

A considerable jump occurred in the mortality of infants under one year, there having been 171 deaths recorded therefrom, as compared with 143 in the corresponding week of 1921, an increase of 28 deaths; between one and five years of age there were 65 deaths reported, as compared with 49, an increase of 16 deaths; between five and sixty-five years of age there were 727 deaths reported, as compared with 629, an increase of 98, and at sixty-five years of age and over there were 363 deaths reported, as compared with 302, an increase of 61, so that we see that there was an increased mortality experienced at all age groups.

The death rate for the first 45 weeks of the year was 11.96 per 1,000 of the population, as compared with a rate of 11.16 in the corresponding period of 1921, an increase of .80 of a point.

From January 1st to date 75 infants under one year of age died out of every 1,000 born, as compared with 73 deaths at this age group in the corresponding period of 1921, an increase of 3 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 506 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CANCER—Bainbridge, W. S. Cancer of the tongue; some pitfalls in diagnosis and treatment. (A. M. A. J. Oct. 28, 1922. pp. 1480-1483. Illus.)

CLINICS, INDUSTRIAL—Bryant, L. T. New Jersey industrial rehabilitation clinics. (Nation's Health. Oct., 1922. pp. 610-612.)

COUGH—Jackson, C. Cough; bronchoscopic observations on the cough reflex. (A. M. A. Jour. Oct. 21, 1922. pp. 1399-1404.)

DEAFNESS—Winslow, P. V. Significant results obtained in treating catarrhal deafness. (N. Y. Med. J. & Med. Rec. Oct. 18, 1922. pp. 466-467.)

HEALTH DEPARTMENTS—Winslow, C.-E. A. and others. An ideal health department for a city of 100,000 population. (Am. J. Pub. Health. Nov., 1922. pp. 891-907.)

HEMORRHAGE—Munro, D. & R. S. Eustis. The diagnosis and treatment of intracranial hemorrhage in the new-born. (Am. J. Dis. Child. Oct., 1922. pp. 273-290.)

JAUNDICE—Witt, D. H. Acute hemorrhagic jaundice of epidemic nature in New York City. (A. M. A. Jour. Oct. 28, 1922. pp. 1498-1499.)

MALNUTRITION Chisholm, C. Malnutrition, or the infantile dystrophies. (Lancet September 2, 1922. pp. 497-500.)

VITAMINS—Present status of our knowledge of the vitamins and its application to the dietary. (Am. J. Public Health. November, 1922. pp. 908-915.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Aug. 19	Aug. 26	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov 4	Nov. 11
Total deaths	1044	1050	987	999	928	960	1039	1135	1085	1139	1208	1161	1126
Annual Death Rate	9.88	9.88	8.82	8.92	8 29	8.58	9.28	10 14	9.69	10.18	10.79	10 37	11.5
*Acute Infectious Diseases	22	21	9	15	22	16	19	22	22	26	20	20	5
Pul. Tuberculosis..	70	104	88	98	62	69	81	78	76	67	94	80	8
Influenza	2	..	2	..	1	1	2	2	3	2	5	5	1
Lobar Pneumonia..	28	22	30	23	25	20	25	36	41	46	42	55	5
Broncho Pneum. ..	38	32	36	36	36	37	49	56	51	48	52	51	4
**Violent Deaths ...	79	90	66	62	67	69	73	71	73	68	96	76	6
Deaths under 1 year.	177	178	152	156	146	115	124	174	141	176	167	151	17
Rates per 1,000 births	70.4	68.7	60.3	62.0	58.0	45.7	49 3	69.2	56.1	70.1	66.7	60.4	6
Deaths under 5 years	227	230	196	196	203	180	184	237	203	222	219	206	20
" 5-65 years ...	586	574	556	601	527	567	603	649	620	636	699	642	61
" 65 years and over	231	246	226	202	198	213	252	249	262	281	296	313	30

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	247	316	284	179	251	310	247	220	266	284	285	225	244
Diphtheria	115	107	60	88	86	96	128	99	106	133	157	174	189
Measles	32	35	18	18	16	18	30	38	37	31	27	34	64
Scarlet Fever	29	33	26	35	30	34	46	57	64	62	70	80	102
Chickenpox	11	10	9	16	14	9	25	36	55	63	42	65	78
Influenza	8	4	4	4	7	11	11	18	31	21	33	41	57
Pneumonias	131	133	114	95	101	89	133	124	133	172	162	190	172
Typhoid Fever	35	46	46	34	52	22	36	33	25	25	20	13	19
Whooping Cough ...	95	97	85	86	93	116	124	124	78	86	81	97	88
Syphilis	151	155	225	188	237	251	249	353	261	327	212	267	236
Gonorrhoea	71	72	143	134	103	164	119	99	178	155	106	101	92
Poliomyelitis	8	5	8	8	7	16	15	22	12	7	10	9	13
Cerebro-spinal Meningitis	2	5	3	3	7	2	3	3	3	3	2	4	2
Total	985	1018	1025	878	1004	1188	1171	1221	1303	1369	1159	1300	1363

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 11, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	515	599	576	1008	876	54	11 80	13.76	13.23
The Bronx	732,016	809,536	133	142	140	294	44	20	8.91	9.15	9.02
Brooklyn	2,018,356	2,117,227	366	454	465	955	367	80	9.19	11.19	11.46
Queens	469,042	516,683	76	99	116	153	44	10	7.97	10.00	11.71
Richmond	116,531	124,400	38	32	29	61	12	1	14 20	13.42	12.16
Total	5,620,048	5,839,738	1123	1326	1326	2471	1343	115	10.19	11 85	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-five weeks of this year there were 60,267 deaths, a rate of 11.96 per 1,000 population. During the corresponding weeks of last year there were 55,358 deaths, a rate of 11.16 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	3	36	1	..	8	27	31	13	12	14	6	35	67	100	346	153
The Bronx	2	21	..	..	1	7	10	..	.	.	.	4	18	19	93	30
Brooklyn	11	19	..	1	3	39	34	7	6	1	2	14	69	93	215	146
Queens	3	10	..	1	1	11	10	3	3	1	1	3	14	20	52	27
Richmond	2	6	..	1	..	2	1	1	1	..	.	3	3	4	21	7
Total	21	92	1	3	13	86	86	24	22	16	9	59	171	236	727	363

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	64	61.7	9	8 7	3	6	95	23 1	11	2 7	4	1 0
The Bronx	18	62 7	..	...	..	.	19	12.2	..	...	1	0.6
Brooklyn	71	76 7	5	5 3	1	4	97	22.9	7	1 6	10	2.4
Queens	15	81 0	2	10 8	..	2	21	20 3	3	2 9	2	1 9
Richmond	3	54 6	1	18.2	..	1	4	17.5	1	4 4	1	4 4
City of New York.	171	68.3	17	6.8	4	13	236	21.1	22	2.0	18	1 6

During the first forty-five weeks of this year 8,506 infants died, a rate of 76. per 1,000 births. During the corresponding weeks of last year 8,398 died, a rate of 73. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 11-4-'22.	80	71	8	23	15	54	..	24	7	..	..	1		..	..	46		554	106	939
Admitted	11	15	..	19	1	14	..	9	1	4		1		..	..	1	.	17	9	102
Discharged	8	24	3	17	5	13	..	5	1	..	..	..	..	..	..	10	..	15	1	102
Died	1	..	..	2		6	..	1		..	..	..	..	..	..	1	..	..	1	12
Rem'g 11-11-'22.	82	62	5	23	11	49	.	27	7	4	..	2	..	..	..	36	..	556	113	927
Total treated	41	86	8	42	16	68	.	33	8	4	..	2		..	..	47		571	115	1041

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1826	1128	714	612	171	84	31	286	24	66	227	439	3
1. Typhoid Fever	3	1	2	1	..	..	..	..	..	1	2	..	
2. Malarial Fever	..	..	..	..	..	..					..	..	
5. Measles	3	3	1	2	2	1	..	3	..	..			
6. Scarlet Fever	..	3			..	..			..	..			
7. Whooping Cough	3	4	3	..	2	..	..	2					
8. Diphtheria	15	10	10	5	3	2	8	13	2		..	..	
9. Influenza	3	4	3	..	..	..	1	1	..	1	1	..	..
Poliomyelitis	3	5	..	3	1	..	1	2	1	..			
12. Other Epidemic Diseases	..	3	..	..	..	..		..	..	..	..	..	
13. Pulmonary Tuberculosis	92	85	59	33	1	1	..	2	3	24	33	24	6
14. Tbc. Meningitis	3	3	3	5	2	1	2	5	1	1	..	1	
15. Other forms Tbc.	8	3	6	2	1	2	..	3	..	1	2	2	
16. Cancer, Malignant Tumor	121	106	56	65	..	..	..		..	1	21	63	36
17. Simple Meningitis	..	4	..	..	..	..	..	..	..	..	..	..	..
17a. Cerebro-spinal Meningitis	1	2	1	..	1	..	..	1	..	..	..		
18. Apoplexy, Softening of the Brain	17	18	8	9	..	..	..	..		1	2	6	8
19. Organic Heart Diseases	263	243	126	137	..	..	..		1	6	30	95	131
20. Acute Bronchitis	13	6	8	5	6	2	3	11		..	..	1	1
21. Chronic Bronchitis	..	1	..	..	..	..					..	..	
22. Lobar Pneumonia	86	50	44	42	9	4	1	14	2	4	15	25	26
22a. Broncho Pneumonia	86	42	40	46	36	7	4	47	1	1	6	20	11
23. Other Respiratory Diseases	13	13	9	4	1	..	2	3	..	..	5	4	1
24. Diseases of the Stomach (Cancer excepted)	12	5	11	1	..	..		..	..	1	5	5	1
25. Diarrhoeal Diseases (under 5 years)	22	2	12	10	17	3	2	22	..				
26. Appendicitis and Typhilitis	11	17	8	3		..	..	..	1	..	4	6	
27. Hernia, Intestinal Obstruction	12	13	8	4	1	1		2	..	1	2	4	3
28. Cirrhosis of Liver	7	5	6	1		..				..	1	4	2
29. Bright's Disease and Nephritis	117	24	57	60	..	1	1	2	..	..	14	46	55
30. Diseases of Women (not Cancer)	5	5	..	5			..				3	1	1
31. Puerperal Septicaemia	1	1		1						..	1	..	
32. Other Puerperal Diseases	12	12		12						3	9		
33. Congenital Debility, and Malformations	67	68	38	29	67	..	..	67	..	..			
34. Old Age	6	3	3	3			..						6
35. Violent Deaths	68	69	50	18	2	4	2	8	5	8	18	21	8
a. Sunstroke	..	..	..	..		..	..			..	..		
b. Other Accidents	59	62	42	17	2	4	2	8	5	7	13	18	8
c. Homicide	9	7	8	1	..	..		..	..	1	5	3	
36. Suicide	16	16	13	3						1	6	7	2
*37. All other causes	231	178	128	103	19	5	4	28	7	11	47	84	54
38. Ill-defined causes	1	5	1	..	..	..	..	..	..	..	..	..	1

Deaths in Institutions,	540	Mean temperature,	50.6 deg. Fah.
Mean barometer,	29.95	Minimum temperature,	37.0 deg Fah.
Mean humidity,	68.6	Maximum temperature,	62.0 deg Fah.
Precipitation,	.15		

†If the deaths under one month, numbering 86 from all causes, be deducted from the 171 deaths under one year, the resulting rate will be 34. per 1,000 births (weekly average).

*Includes deaths from Erysipelas 0, Syphilis 12, Diabetes 30, Alcoholism 8, Locomotor Ataxia 3, Paresis 7, Arterio-sclerosis 52, all other congenital causes 10.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. NOVEMBER 25, 1922. No. 47.

SERUM THERAPY IN EPIDEMIC MENINGITIS.

In view of the large volume of statistics as to the use of antimeningitis serum, it would seem that its value would now be unquestioned. Unfortunately, there still persists in the minds of some physicians some doubt as to its efficacy. This may be due to several causes: (1) A physician may have seen unfavorable results in his dealings with only a small number of cases. (2) If the serum is not properly used or if a serum of insufficient potency is employed, the results cannot be good. (3) Reports may be given from which erroneous ideas as to the value of the serum may be drawn.

It was stated, in the 1920 Annual Report of the Department of Health, City of New York: "One hundred and twenty-three or slightly more than 50 per cent of the cases reported terminated fatally. This is a slightly lower case fatality rate than during the year 1919. Notwithstanding the availability of a specific serum for treatment of the disease, there has been no substantial achievement in the reduction of the case fatality rate."

In this report no statement is made either as to the number of cases reported as epidemic meningitis (that is, due to the meningococcus) which were corroborated by lumbar puncture, nor as to the number of cases that received suitable serum therapy. Experience in diagnosing, by lumbar puncture, cases reported as epidemic meningitis, has shown how high is the percentage of error, if one depends on clinical signs alone.

Even among those cases due to the meningococcus and requiring the specific serum, not all are treated properly. In this disease, especially, experience in the administration of serum is of prime importance. This point was emphasized again recently by a Commissioner of Health from England who, while on a visit to this country, stated that he had been greatly impressed, in studying the statistics of epidemic meningitis in the various hospitals during the war, by the fact that in those hospitals which treated the fewest cases, the mortality was highest. This points quite plainly to the value of experience in dealing with such cases.

All must admit that the only fair criterion of the value of anti-meningitis serum is the result of its use in a sufficiently large number of cases, accurately diagnosed and properly treated.

Digitized by Google

Before serum was used, that is, prior to 1907, the mortality from epidemic meningitis was high. In the New York City epidemic of 1905, there was a mortality of 76 per cent among 1780 cases. In Edinburgh, according to Ker, the mortality was over 80 per cent. In Belfast, Ireland, the mortality was over 70 per cent before the serum was used. This was reduced to 30 per cent by Rose through the use of serum, but cases occurring at the same time not treated by serum still showed a mortality of over 70 per cent—a sufficient evidence that the general severity of the epidemic had not decreased.

After the use of antimeningitis serum was begun, Flexner analyzed results of various workers as well as his own. Dopter, Netter, Levy, and others were included. Among 1211 such cases treated by serum, there was a mortality of 30.8 per cent.

In New York City during the eleven years, 1910 to 1921, 546 cases of true epidemic meningitis were treated by the Meningitis Division of the Department of Health with a resulting mortality of 28.5 per cent. In certain years this percentage was much lower; for example, in the year 1916-1917, 85 cases were treated with a mortality of 23.5 per cent; in 1917 1918, 112 cases, mortality 19 per cent; in 1918-1919, 78 cases, mortality 20.5 per cent.

A study of these figures shows that a mortality of about 70 per cent has been reduced by the use of serum to one between 20 and 30 per cent. These figures include cases treated in all stages of the disease. Much lower figures are obtained when treatment is begun early. These results should be a sufficient answer to those who question the value of antimeningitis serum.

FUTURE OF DENTAL WORK IN THE PUBLIC SCHOOLS.

At a recent meeting of the Dental Advisory Board, Commissioner Copeland made the following observations concerning provision for future dental work among school children:

"At the present time my policy is not to ask for any money until I am satisfied that the money we now have is being well used. The Board of Estimate has the right to ask whether I am satisfied that the money I have is being well used. We have a certain amount of money that is being expended for dental work. The minute I know that that money is being well spent, that we are doing all we can with that money, then I am going before the Board to ask for more and with a reasonable hope of getting it. We have a city budget of $350,000,000 and you are taxpayers and know what your feelings would be toward an addition to that budget unless there were sufficient reasons for putting it there.

"The city is going to build an enormous number of new school buildings. The reason I speak so confidently of that is because these school buildings do not come out of the debt limit. They can go ahead and spend an unlimited amount of money to build schoolhouses and are going to do it. A dental clinic should be provided in each of these new buildings. Thus there can be no doubt that the facilities will be there when we are ready to take command; but the important thing we are anxious to have you do, so far as the Department is concerned, is to steer our course along safe lines, to sort of make yourselves familiar with the amount of money we have in our dental budget, what our present plans are and to suggest how this money may best be spent.

"Last year we asked for a certain number of part-time men, and Mr. La Guardia said we might better have half as many full-time men. Of course, I did not approve of that, but we cannot have everything we want and I hope that later we may secure a modification. But please find out first how much money we have and how we are spending it. Then satisfy yourselves that that money is being properly spent—that we are doing everything we can with it. Then we

Digitized by Google

are ready to go after more money, but we are not ready until we do that. Here you are, experts, talking with the Commissioner of Health, who is a layman as far as your activities are concerned. Dr. Baker has been with us so long that she knows all about the work, and Dr. Bluhm, of course, is in the profession; but we need your advice and I cannot tell you how thankful I am that you have consented to serve in this capacity. I think you are doing a fine thing for the city as citizens. You are advising along lines where you can be helpful. If we want advice on financial matters we go to experts in that line, and it is right that in this particular specialty we should go to you, and I am beholden to you myself and the city is indebted to you. Let us see what you can do to make conditions just the very best possible. We all appreciate everything you can do."

Members of the Dental Advisory Board.

Dr. M. M. Bluhm (Chairman), Dr. Henry W. Gillett, Dr. Wm. D. Tracy, Dr. Leuman M. Waugh, Dr. M. I. Schamberg; Dr. M. L. Rhein, Dr. Arthur Merritt, Dr. Alfred S. Walker, Dr. R. Ottolengui, Dr. E. A. Holbrook, Dr. Howard Blake, Dr. J. Reiner (Secretary), Dr. Frank A. Gough, Dr. Ellison Hillyer, Dr. Harry W. Rosalsky, Dr. J. Lowe Young, Dr. H. E. S. Chayes, Dr. H. J. Theamann, Royal S. Copeland, M. D., S. Josephine Baker, M. D., Dr. Frederick C. Kemple.

INTERESTING CASE OF SMALLPOX.

Vaccination against smallpox has been opposed on the grounds that, through its influences, smallpox was becoming impossible of recognition; that the subjective symptoms were either absent or obscure, and that the eruption in the progress, distribution and character of its lesion presents nothing sufficiently characteristic to justify a diagnosis. This is, of course, a far-fetched argument, but there are cases of smallpox that are very slow to reveal their identity.

The following case was in an unvaccinated subject:

Patient W. G., colored, adult, male, was first seen on third day of his eruption. He gave history of three days' illness, with headache and fever, previous to appearance of rash. These symptoms disappeared when rash came out. Patient noticed rash first on his face.

This history justifies a strong suspicion of the presence of smallpox. The exanthem, however, in its character, distribution and rate of progress went a long way in contradiction. The lesions were polymorphous and unilocular. On the face, they were pinhead in size, closely set on the chin—few and far apart elsewhere on the face. On the chin, again, lesions were white and pustular, so superficial that there was no pigmentation in their covering. The patient said they looked the same when they first appeared. That is, they were pustular from onset. Elsewhere on face, as on trunk and extremities, lesions were vesicular and translucent, with areolae. No lesions ruptured spontaneously. Up to the sixth day, there was not a lesion on hand or foot. There were no unbilications at any time.

From the third to the sixth day, the eruption remained stationary in appearance. From the sixth to the eighth day, the lesions on the face became larger and pustular throughout—i. e., it became a typical smallpox face. A few lesions showed on the palms—none on dorsum of wrists or hands—none on the feet.

Subsequent to the prodromal period, patient had no fever and did not feel sick. A few lesions on trunk and extremities became pustular; most of them, however, dried down as vesicles.

A vaccination did not "take".

(*The above is a report by the Chief Diagnostician of the Department, Dr. W. L. Somerset.*)

Digitized by Google

DR. JACQUES BERTILLON.

(*A Resolution Adopted by the Section on Vital Statistics of the American Public Health Association, on the Death of Dr. Jacques Bertillon.*)

WHEREAS, Dr. Jacques Bertillon was for many years an outstanding leader in the field of vital statistics; as the head of the Statistical Organization of the city of Paris; as the founder of the International Classification of the Causes of Sickness and Death; and the Secretary-General of the Three Dicennial Congresses held in Paris for the revision of the International list.

WHEREAS, the Science of Vital Statistics is under lasting obligation to the efforts of Dr. Bertillon, and,

WHEREAS, Dr. Bertillon was an honorary member of the Section on Vital Statistics of the American Public Health Association.

BE IT RESOLVED: that the section on Vital Statistics notes with deep sorrow the death of Dr. Bertillon and records on its minutes an expression of the lasting indebtedness of the Section to him.

BE IT FURTHER RESOLVED, that a copy of this resolution be sent to the family of Dr. Bertillon and to the Statistical Society of the City of Paris, of which he was for many years a most distinguished member.

Approved by Section on Vital Statistics, S. J. Byrne, M. D., V. P. and Act. Chairman.

THE COMMON COMMUNION CUP.

"It would seem self-evident in the light of present-day knowledge that the common communion cup in the Christian church, like the common drinking cup, is a menace to the health of the community. Yet for reasons sentimental or otherwise, some churches still cling to it in the face of modern bacteriology.

"A movement has recently been started in the diocese of Sydney, New South Wales, to induce the clergy of the Church of England to adopt individual cups in the service of the holy communion. A circular prepared in protest against the common practice was signed by 265 of the leading members of the medical profession of Sydney, and the movement has the hearty support of Dr. J. S. Purdy, the metropolitan medical officer of health of Sydney, and other health officers. The free churches of England and Australia have generally adopted the individual cup, as have also the Baptist Reformed, Congregational, Presbyterian, Methodist Episcopal and numerous other denominations in the United States. But the Anglican Church has lagged behind in the hygienic reform, and the Protestant Episcopal and Lutheran Churches in the United States still use the common chalice.

"The objections that have been made to the change are almost exclusively based on tradition. It would violate a long-established custom of the church and detract from the spiritual meaning of the service, say some. Others claim that there is no risk of infection, provided a "purificator" or cloth is used to wipe the rim of the cup before each communicant partakes. Some Christians who put a premium on faith as the controlling agent of physical phenomena feel that they cannot suffer harm while participating in the holy sacrament. As late as 1908 the Lambeth Conference considered the change unnecessary on the ground that high medical authority for it had been lacking.

"How specious these arguments are is plain. But fortunately a body of competent medical and sanitary opinion is now accumulating, as evidenced by the New South Wales movement, and the total abolition of the common chalice cannot long be delayed. Wise churchmen who understand the significance of scientific thought will come to the aid of the medical profession and will not stand in the way of vital reform."—(*Editorial American Journal of Public Health, November, 1922.*)

Digitized by Google

DIPHTHERIA IN NEW YORK CITY.

Third Quarter, September 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
Cases reported	1921	581	245	502	190	58	1576
	1922	576	176	523	142	56	1473
Deaths reported	1921	30	9	45	10	3	97
	1922	36	7	34	13	4	94
Case fatality	1921	.05	.04	.09	.05	.05	.06
	1922	.06	.04	.06	.09	.07	.06
Cases per 1,000 of population	1921	1.01	1.25	.96	1.52	1.90	1.09
	1922	1.01	.86	.98	1.09	1.79	1.00
Deaths per 1,000 of population	1921	.05	.05	.08	.08	.10	.07
	1922	.06	.03	.06	.10	.13	.06
Primary cultures	1921	2499	748	1613	796	454	6110
	1922	2376	805	2314	528	390	6413
Positive cultures	1921	307	145	252	110	35	849
	1922	243	94	248	55	22	662
Negative cultures	1921	2085	573	1290	669	409	5026
	1922	2092	692	2013	460	361	5618
Immunization	1921	264	9	105	32	31	441
	1922	187	3	122	40	20	372

MORTALITY BULLETIN FOR THE WEEK ENDING NOV. 18, 1922.

There were 1,206 deaths and a rate of 10.77 reported during the week as compared with 1,229 deaths and a rate of 11.15 in the corresponding week of 1921, a decrease of 23 in the absolute number of deaths and in the rate of .38 of a point, which is equivalent to a relative decrease of 43 deaths, taking into consideration the increase in population of the city.

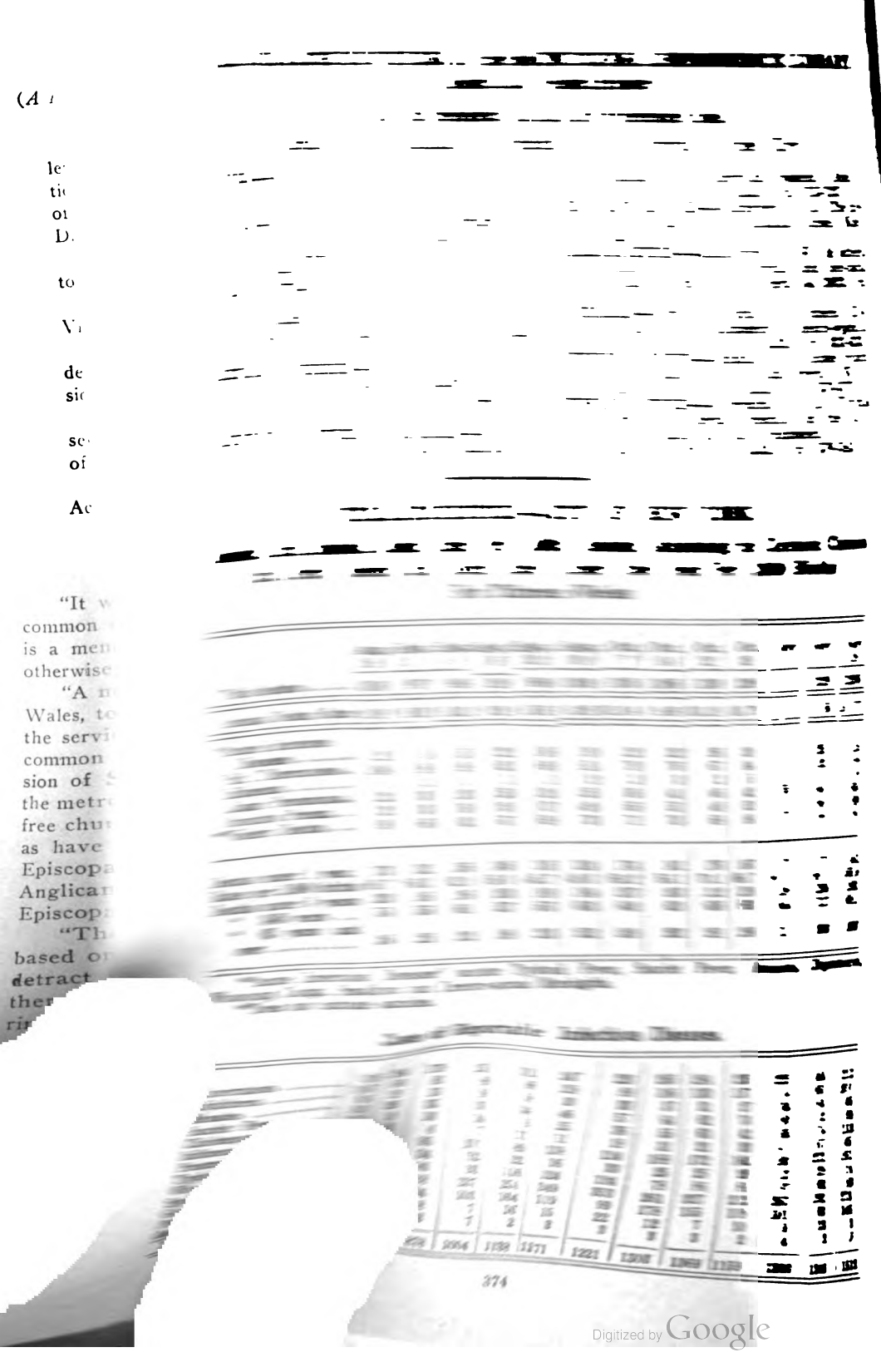
Last week attention was called to the sudden increase in the number of deaths from pneumonia, there having been during that week 172 deaths reported therefrom as compared with 92 in the corresponding week of 1921. It is noted with satisfaction that the number of deaths from pneumonia recorded during the week just closed was 140, a decrease of 32 compared with the immediately preceding week. On the other hand, the figures for the week show an increase of 13 deaths from this cause as compared with the week of November 19, 1921. There were only 6 deaths reported from diphtheria during the week as compared with 15, a decrease of 9; 334 deaths were reported from chronic organic heart and kidney diseases as compared with 364, a decrease of 30; pulmonary tuberculosis showed a decrease of 12 deaths. Those causes that showed increased mortalities were cancer, with an increase of 9; digestive diseases, with an increase of 14, and violent deaths, with an increase of 17.

Viewed from the point of age grouping, there were 141 deaths of infants under one year of age as compared with 151, a decrease of 10. The mortality between one and five years of age remained exactly the same, 51 deaths. There were 681 deaths reported between five and sixty-five years of age as compared with 728, a decrease of 47; at sixty-five years of age and over there were 333 deaths recorded as compared with 299, an increase of 34 deaths.

The death rate during the first 46 weeks of the year was 11.94 per 1,000 of the population as compared with a rate of 11.16 in the corresponding period of 1921, an increase of .78 of a point.

From January 1st to date 75 infants under one year of age died out of every 1,000 born as compared with 72 deaths at this age group in the corresponding period of 1921, an increase of 3 deaths per 1,000 births.

Digitized by Google



Digitized by Google

ıality Summary for the Week Ending Saturday Noon, November 18, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
ıattan	2,284,103	2,271,892	532	558	529	942	341	46	12 19	12 81	12 15
Bronx	732,016	809,536	154	127	139	244	304	10	10 82	8 18	8 96
·klyn	2,018,356	2,117,227	410	396	407	788	306	49	10 30	9 76	10 02
·ns	469,042	516,683	98	93	102	197	82	12	10 28	9 39	10 30
mond	116,531	124,400	35	32	29	60	18	5	15 06	13 42	12.16
ɔtal	5,620,048	5,839,738	1229	1206	1206	2221	1001	122	11 15	10 77	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-six weeks of this year there were 61,473 deaths, a rate of 11.94 per 0 population. During the corresponding weeks of last year there were 56,587 deaths, a rate 1.16 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	4	33	1	5	..	25	42	12	12	10	4	39	68	96	318	144
The Bronx	..	14	..	2	..	6	7	3	3	3	..	4	9	12	75	40
Brooklyn	5	28	..	2	3	19	27	8	8	5	..	23	55	78	212	111
Queens	1	10	..	..	.	6	3	2	2	2	..	9	7	9	58	26
Richmond	..	6	..	..	..	4	1	1	1	..		1	2	2	18	12
Total	10	86	1	9	3	60	80	26	26	20	4	76	141	192	681	333

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	60	58.1	9	8.7	5	7	88	21 4	9	2 2	3	0 7
The Bronx	16	56 0	4	14 0	..	2	19	12.2	5	3.2	..	...
Brooklyn	55	58 9	7	7 5	1	6	73	17 2	8	1.9	5	1.2
Queens	8	43 1	3	16 1	..	2	10	9 7	3	2.9	..	...
Richmond	2	36 4	1	18.2	..	1	2	8.7	1	4 4	..	...
City of New York.	141	56.6	24	9.6	6	18	192	17 2	26	2.3	8	0 7

During the first forty-six weeks of this year 8,647 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 8,549 died, a rate of 72. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave Hospital: Scarlet Fever	Kingston Ave Hospital: Diphtheria	Kingston Ave Hospital: Measles	Kingston Ave Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g11-11-'22.	82	62	5	28	11	49	..	27	7	4	..	[illegible]	..	..	..	36		556	118	927
Admitted	9	24	4	18	6	19	2	10	1	1	..	[illegible]	..	..	..	13		18	20	147
Discharged ..	1	11	..	18	2	7	1	3	..	..	..	..	..	..	..	12		19	8	77
Died	3	1	..	3	..	3	..	1	..	..	..	..	..	..	..	1		..	4	16
Rem'g11-18-'22.	87	74	9	20	15	58	1	33	8	5	..	4	..	..	..	36		555	126	981
Total treated	41	86	9	41	17	68	2	37	8	5	..	4		..		49		574	133	1074

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1206	1229	631	575	141	27	24	192	34	65	188	494	33
1. Typhoid Fever	4	3	2	2	..	..	..	..	..	2	1	1	
2. Malarial Fever	1	..	1	..	..	..	..	..	..	..	1	..	
5. Measles	..	2	..	..	..	..	..	..	..	..			
6. Scarlet Fever	2	2	2	..	..	..	2	2	..	..		..	
7. Whooping Cough ...	2	3	1	1	2	..	..	2	..	..	..	..	
8. Diphtheria	6	15	2	4	1	..	3	4	2	..	..	..	
9. Influenza	9	9	5	4	..	1	..	1	..	1	3	1	3
Poliomyelitis	..	2	..	..	..	..	..	..	..	..			
12. Other Epidemic Diseases	1	1	1	..	..	..	..	..	..	..	..	..	
13. Pulmonary Tuberculosis ...	86	98	56	30	1	2	1	4	..	22	34	22	3
14. Tbc. Meningitis	2	6	1	1	..	..	..	..	1	..	1	..	
15. Other forms Tbc. ..	2	5	1	1	..	..	..	..	..	1	1	..	
16. Cancer, Malignant Tumor	110	101	53	57	..	..	..	.	..	1	16	55	38
17. Simple Meningitis ..	1	1	..	1	..	..	..	..	..	1	..	..	
17a. Cerebro-spinal Meningitis	1	2	..	1	1	..	..	1	..	..	..		
18. Apoplexy, Softening of the Brain	10	28	5	5	..	..	..	..		..	..	3	7
19. Organic Heart Diseases	244	268	108	136	..	..	2	2	3	4	28	91	126
20. Acute Bronchitis ...	3	3	2	1	1	1	..	2		..	..	1	
21. Chronic Bronchitis..	2	4	..	2	..	..			..		..	..	2
22. Lobar Pneumonia ..	60	64	31	29	2	1	..	3	3	4	12	28	10
22a. Broncho Pneumonia	80	63	47	33	25	12	3	40	1	2	3	19	15
23. Other Respiratory Diseases	8	8	6	2	..	..	1	1	..	..	1	6	..
24. Diseases of the Stomach (Cancer excepted)	7	5	4	3	..	..	1	1	..	..	1	3	1
25. Diarrhoeal Diseases (under 5 years)	26	22	15	11	24	2		26	..				
26. Appendicitis and Typhilitis	23	16	14	9		..	1	1	3	7	3	2	2
27. Hernia, Intestinal Obstruction	9	6	4	5	2	..		2	..	..	..	6	1
28. Cirrhosis of Liver ..	9	10	5	4	.	..				..	4	5	
29. Bright's Disease and Nephritis ..	80	82	43	37	1	..	1	2	..	..	9	34	35
30. Diseases of Women (not Cancer)	9	11	..	9						2	3	4	
31. Puerperal Septicaemia	2	6	..	2						1	1	..	
32. Other Puerperal Diseases	9	14	..	9						3	6		
33. Congenital Debility, and Malformations	62	80	29	33	59	2	1	62	..	..	..		
34. Old Age	6	7	4	2								2	4
35. Violent Deaths	80	66	59	21	1	6	7	14	18	4	17	16	1
a. Sunstroke	..	..	..	..			..			..	..		
b. Other Accidents	76	66	56	20	1	6	7	14	17	3	16	17	1
c. Homicide	4	..	3	1	..			..	1	1	1	1	
36. Suicide	20	17	15	5					..	4	6	7	3
*37. All other causes ...	228	195	118	115	21	..	1	22	3	6	30	31	4
38. Ill-defined causes ...	2	4	2	..	..	..	..	..	..	..	1	1	

Deaths in Institutions,	510	Mean temperature,	49.4 deg. Fah.
Mean barometer,	29.98	Minimum temperature,	36.0 deg. Fah.
Mean humidity,	55.1	Maximum temperature,	67.0 deg. Fah.
Precipitation,	0.29		

†If the deaths under one month, numbering 74 from all causes, be deducted from the total deaths under one year, the resulting rate will be 27 per 1,000 births (weekly average)

*Includes deaths from Erysipelas 1, Syphilis 7, Diabetes 28, Alcoholism 5, Locomotor Ataxia 0, Paresis 7, Arterio-sclerosis 74, all other congenital causes 11.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. DECEMBER 2, 1922. No. 48

PHYSICIAN FINED FOR EXPOSING SCHOOL CHILDREN TO CONTAGIOUS DISEASE.

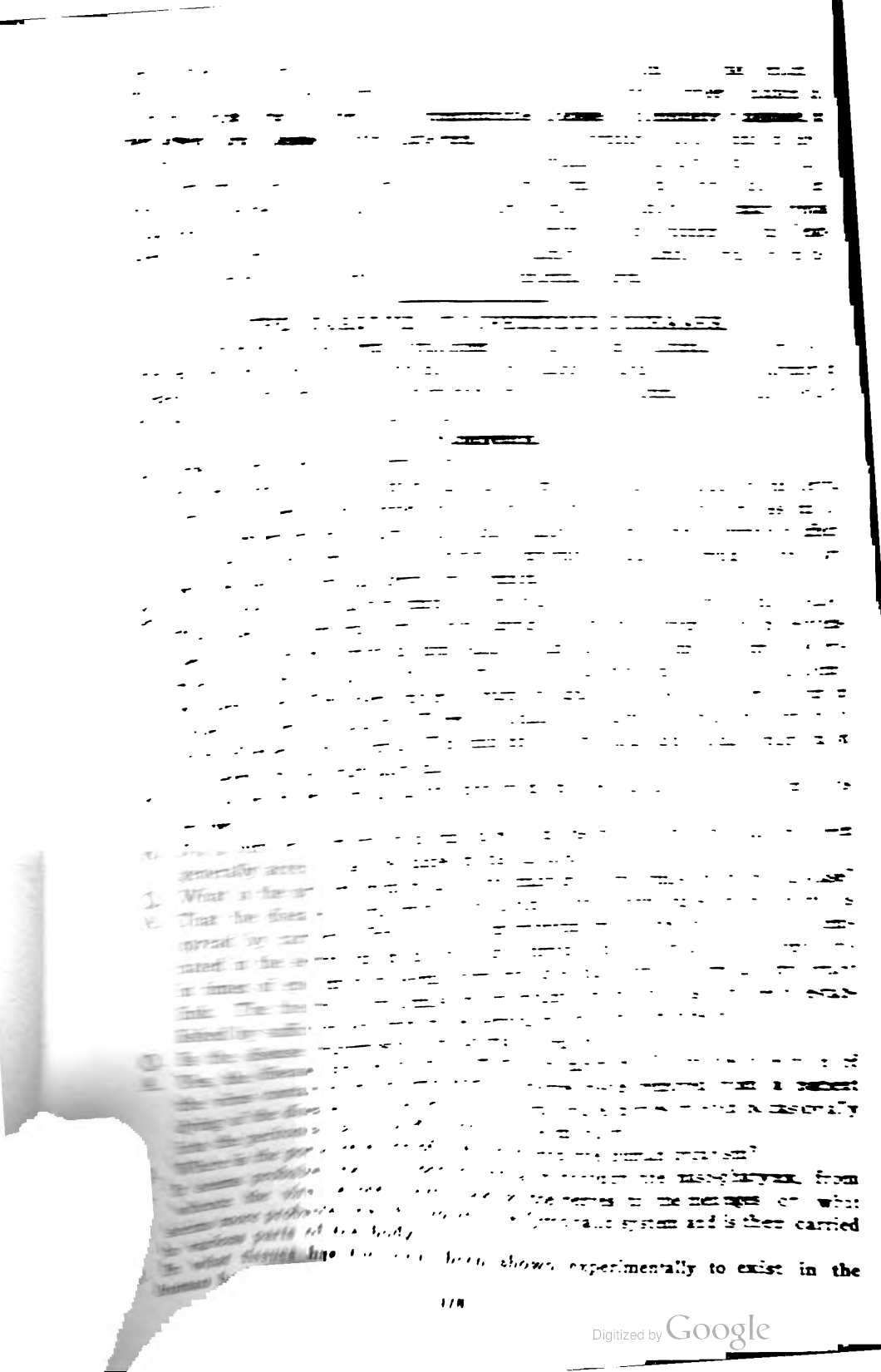
It is with regret that we have once again to announce that a physician practicing in this city was fined for an action that jeopardized the lives of school children. The facts are as follows:

A physician was called to attend a child suffering from scarlet fever. He promptly notified the Department of the case. Subsequently, the family discharged this physician and engaged another. While the latter was in attendance upon the case, two secondary cases occurred in other children of the family. After the lapse of several weeks, but prior to the time when quarantine could legally and properly be terminated, this physician took it upon himself to issue certificates testifying that the children were free from communicable disease and were ready for readmission to school. The children presented these certificates to the school authorities and they were at once referred to the school nurse, who excluded the children from school because they showed marked desquamation, and because the records showed very definitely that the legal quarantine period had not yet ended. At one of the preliminary hearings that was held in this case, the physician testified that he had children of his own who attended the same school, and that by his action he had exposed his children as well as many others to the danger of infection.

The school children of this City must, at all hazards, be guarded from contact with children who may still be carrying the organisms responsible for scarlet fever. The termination of quarantine in such a case hinges not so much on desquamation as on the presence of a discharge from the mouth, nose, throat, or ears. In some instances, despite the utmost caution, a discharge which may be present at the time of final examination may not be detected. The determination as to whether an infectious disease still exists being difficult at best, it is inexcusable to court the danger of spreading infection among school children by permitting any child to return to school or mingle with others, before the legal quarantine period is ended. The Department in this instance felt that, however painful it might be to go to law against a practicing physician, it had no choice in the matter in order to maintain the public health laws.

Fortunately, the overwhelming majority of physicians realize, more and more, that they are the first line of defence against the spread of communicable disease.

Digitized by Google



Digitized by Google

A. In the brain, spinal cord, nerves, and lymphatic tissue, especially mesenteric nodes, tonsils, naso-pharyngeal mucosa. Also in the salivary glands, and oral and intestinal mucous membranes.

Q. By what secretions of the body is the virus spread?

A. Probably by the nose and throat secretions.

Q. What is the pathology of the acute inflammatory changes produced by the virus of poliomyelitis in the central nervous system?

A. The changes consist in congestion of the blood vessels supplying the meningees, the brain and the spinal cord. Along with this congestion there is an exudation of small round cells which crowd the perivasular spaces of the leptomeningees. This exudate in conjunction with the congestive changes in the blood vessels themselves may be so great as to cause obliteration of the circulation at certain points producing actual hemorrhages, and resulting in an edema of the nerve tissues which is one of the pronounced changes produced. As a result of these factors we have variable degree or injury or destruction of a few or many nerve cells. The regeneration of these cells depend on the degree and duration of the inflammatory injury. The changes are most marked in the sites (cervical and lumbar region) in which the cord is most vascular.

Q. Into what forms is poliomyelitis to be classified?

A. The following forms of poliomyelitis are recognized clinically: A. Cortical—1. Encephalitic, 2. Meningitic, 3. Ataxic—in all of which the lesion is limited mostly to the upper motor neuron. B. Spinal or Subcortical, in which the lesion is limited to the lower motor neuron and which is to be subdivided into (4) Bulbar, (5) Spinal, (6) Bulbo-Spinal, (7) Polyneuritic, and (8) Ascending or Landry's Paralysis. There is also a (9) Non-Paralytic or Abortive Form of the disease.

Q. Into what stages may the disease be divided?

A. Into four stages—(a) An Acute Stage, (b) Subacute Stage, (c) Convalescent Stage, and (d) Chronic Stage.

Q. Into what periods is the acute stage to be subdivided?

A. The onset, the preparalytic and paralytic periods.

Q. What are the symptoms of the onset and of the preparalytic periods?

A. The onset is usually sudden, with fever, headache, a peculiar characteristic hyperesthetic condition of the skin, pain in the neck, which is often slightly rigid, pain on flexion of the legs and spine, and a peculiar altered mental state in which the child is drowsy, but is easily aroused, and when so is unusually alert but irritable. There are often gastro intestinal symptoms in the period, such as vomiting, diarrhea, and constipation, and there may be catarrhal symptoms of the respiratory tract, such as sore throat, coryza, and cough. Profuse perspiration may also occur. In the meningeal forms of the disease, the meningeal symptoms at the onset are quite pronounced—there is a rigid neck. Kernig sign, neck Brudzinski, etc. Mac Ewen sign is usually prominent in all forms of the disease in both preparalytic and early paralytic stages. The preparalytic period lasts from one to three or four days, or even, in exceptional cases, eight days.

Q. What are the symptoms of the acute paralytic stage in the spinal or myelitic form of the disease?

A. In the spinal or myelitic form, the main symptom is paralysis, which may be partial or complete. The paralysis may involve most any of the muscles of the trunk or extremities of the body, or any of the cranial nerves. It may be limited to a slight weakness, paralysis of a single muscle or muscle group, for example the deltoid, or it may be so marked that the patient's body is

Digitized by Google

entirely paralyzed and there is not a single muscle group intact. The muscles affected when paralysis is completely developed present the usual characteristics of a flaccid paralysis, associated with loss of reflexes, and of function, with hypotonicity, changes in electrical irritability and eventually a variable degree or atrophy.

Q. What are the symptoms encountered in the meningitic forms of the diseases?

A. The symptoms resemble an epidemic meningitis—there is rigidity of the neck, retraction of the head, opisthotonus, Kernig sign, neck Brudzinski, sometimes also a leg Brudzinski, ankle clonus and exaggerated or absent patellar reflexes. In such cases there may be more marked drowsiness, irritability, and delirium. Later paralysis may develop.

Q. What are the symptoms found in the encephalitic or cerebral form?

A. This form of the disease is a relatively rare one, and is accompanied by an acute febrile onset, often with convulsions, and followed by development of paralysis of a spastic type, with increased reflexes. The paraylsis may be either a monoplegia or a hemiplegia, with at times involvement of the face. There is no atrophy in affected muscles and no reaction of degeneration. These cases later show often an epileptic tendency, mental deterioration, disturbances of speech, etc.

Q. What are the symptoms encountered in the Landrys paralysis form?

A. This is a variety of the bulbo-spinal form, in which there is commonly an ascending, rarely a descending, paralysis, preceded by pain, tingling, numbness, a sense of fatigue and heaviness in the arms and legs. The paralysis continues to progress rapidly upward, involving legs, abdomen, chest, back, arms, neck and medullary areas when the patient succumbs to a paralysis of respiration as a rule. This form is commonly seen in older patients.

Q. What are the symptoms of the polyneuritic form?

A. This polyneuritis is a relatively common symptom in many cases and occurs occasionally as a distinct type. The disease then resembles closely a multiple neuritis. These patients exhibit often relatively little true paralysis, but they may have for some weeks a pseudo paralysis, due to neuritis. The nerve trunks, especially the sciatic and post tibial, are commonly extremely painful to pressure, and such pressure causes the child to scream with pain; passive movement of the legs is productive of great pain. In this way, on testing for a Kernig, a pseudo positive sign may be obtained, due to voluntary resistance. The movement employed in esting for an ankle clonus or the flexin of the spine, are very painful. Such cases usually make an excellent recovery.

Q. What are the symptoms in the cerebellar or taxic form?

A This is a rare form of the disease; it is characterized by ataxia, vertigo, disturbances of speech, stammering, muscular spasms and tremor, and at times a nystagmus.

Q. What are the symptoms found in the bulbar form of poliomyelitis?

A. The bulbar form is characterized by the paralysis of one or several cranial nerves, the lesions almost always being unilateral, although they may be bilateral. All varieties of combinations of the cranial nerves may occur, but the seventh and twelfth are most frequently affected. The disease may be limited to the paralysis of one cranial nerve, that is a facial paralysis or a strabismus.

Q. What are the symptoms in the bulbo-spinal form?

A. A combination of spinal and bulbar paralysis.

Q. Under what forms does poliomyelitis most frequently occur?

A. The typical and common form is the spinal or myelitic form. The bulbo-spinal form is also very common. Many patients with these forms have some

Digitized by Google

degree of meningitic and polyneuritic symptoms.

Q. From what diseases must poliomyelitis be differentiated?

A. Mainly from (1) Epidemic Encephalitis, (2) Tuberculous Meningitis, (3) Epidemic Meningitis, (4) Acute Ascending Myelitis following other Acute Infections, (5) Pneumonia with Meningismus, (6) Peripheral Neuritis following especially Diphtheria, (7) Transverse Myelitis, (8) Bell's Palsy from other causes, (9) Brain Abscess. To a lesser extent also from (10) Rickets, Scurvy, (12) Tetany, (13) Spasmophilia, (14) Hysteria, (15) Acidosis, (16) Acute Syphilitic Meningitis.

Q. Is the examination of the spinal fluid of assistance in the differentiation?

A. Yes, it is of great assistance, and in the first week of the disease usually will immediately help differentiate poliomyelitis from most of the diseases mentioned above.

Q. What does the examination of the spinal fluid show in the first two weeks of poliomyelitis?

A. The spinal fluid is clear under moderate to marked pressure; the cells are slightly to moderately increased, averaging from 20 to 100 per cu. mm., being chiefly lymphocytes (75%-100%), after paralysis has appeared. Fehlings reaction is normal (3 plus) Globulin in the fluid is slightly (1 plus) to moderately (2 plus) increased. The colloidal gold reduction is quite constantly in the leuetic zone, ranged from dilutions of 1-80 to 1-320, the reduction persisting for the first four weeks of the disease.

Q. What factors must be considered in the prognosis of this disease as to life?

A. (1) Cases with involvement of the cervical region of the cord are more apt to be fatal than those with lumbar cord involvement. (2) Cases with a Landry's type of paralysis are usually fatal. (3) Involvement of the intercostals and diaphragm proves usually a bad prognostic sign. (4) Death usually occurs between the fourth and eighth day of the disease. (5) A pneumonia is a serious complication, especially if the respiratory muscles are involved. (6) Cases with medullary involvement are commonly fatal.

Q. What is the quarantine period for poliomyelitis?

A. During the 1916 epidemic the quarantine period was fixed by the Department at eight weeks, later this was shortened to six weeks, then four weeks, and finally three weeks, at which it now remains.

Q. What prophylactic precautions have been exercised to prevent the spread of the disease in times of epidemics?

A. (1) Hospitalization of all cases that cannot maintain adequate isolation at home. (2) The house or apartment in which the patient lives should be placarded. (3) The patient to remain at home must have a nurse or special attendant, who must comply with the quarantine regulations. (4) The rooms occupied by the patient and attendant must be separate from the rooms of the other members of the family. (5) The family must have a separate toilet for their use. (6) The isolation quarantine regulations must be strictly observed by the patient and other members of the family. (7) The nurse or attendant should wear a gown, cap on duty, and wash her hands and cleanse her mouth and throat when going off duty. (8) All discharges from the nose, throat, or bowels of the patient, and all articles soiled with such discharges, should be promptly disinfected, and the attendant must wash her hands thoroughly after handling such articles. (9) The room in which the patient remains should be screened, and all flies excluded. (10) All draperies, rugs, carpets, unnecessary furniture should be removed from this room before the patient is placed in same. (11) At the end of the quarantine, the room or rooms occupied by the patient and attendant should be cleansed, disin-

Digitized by Google

fected and the patient should have a bath and a change of clean clothing before he is allowed to enter the uninfected areas. (12) All eating utensils and personal articles and bed clothing should be properly disinfected. (13) The other children in the family should be quarantined for two weeks after termination of case, and should they fail to observe the same, the fact should be reported to the Department.

MORTALITY BULLETIN FOR WEEK ENDING NOVEMBER 25TH, 1922.

The outstanding feature of the week's mortality was the increase in the number of deaths from pneumonia over the immediately preceding week and very much over the corresponding week of 1921. During the week there were 163 deaths from the pneumonias as compared with 140 in the immediately preceding week and 106 in the corresponding week of 1921, an increase in the former case of 16% and in the latter an increase of 54%. Attention was called two weeks ago to the increased mortality from the respiratory diseases and the suggestion made that action be taken advising the public to use all precautions to escape pneumonic infection. There is no doubt that it would be advisable to again call the attention of the public to the necessity of taking such steps as would minimize the danger of contracting this disease.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 2	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4	Nov. 11	Nov. 18	Nov. 25
Total deaths	987	999	928	960	1039	1135	1085	1139	1208	1161	1326	1206	1388
Annual Death Rate	8.82	8.92	8 29	8.58	9.28	10.14	9.69	10.18	10.79	10 37	11.85	10 77	11 01
*Acute Infectious Diseases	9	15	22	16	19	22	22	26	20	30	25	15	24
Pul. Tuberculosis..	88	98	62	69	81	78	76	67	94	80	92	86	108
Influenza	2	..	1	1	2	2	3	2	5	5	3	9	11
Lobar Pneumonia..	30	28	25	20	25	36	41	46	42	55	86	60	85
Broncho Pneum. ..	36	36	35	37	49	56	51	48	52	51	85	80	77
**Violent Deaths ...	66	62	67	69	73	71	73	68	96	76	68	80	82
Deaths under 1 year.	152	156	146	115	124	174	141	176	167	151	171	141	146
Rates per 1,000 births	60.8	62.0	58.0	45.7	49 3	69.2	56.1	70.1	66.7	60.4	68.3	56.6	58.6
Deaths under 5 years	195	196	203	180	184	237	203	222	219	206	236	192	202
" 5-65 years ...	556	601	527	567	603	649	620	696	693	648	727	681	709
" 65 years and over	226	202	198	218	252	249	262	281	296	310	363	333	332

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	284	179	251	310	247	220	265	284	235	225	144	218	230
Diphtheria	60	83	86	96	128	99	106	133	157	174	160	201	195
Measles	18	13	16	18	30	33	37	31	27	34	64	46	39
Scarlet Fever	26	35	30	34	46	57	64	62	70	80	102	99	137
Chickenpox	9	16	14	9	25	36	55	63	42	65	74	113	154
Influenza	4	4	7	11	11	18	31	21	33	41	67	45	61
Pneumonias	114	95	101	89	138	124	138	172	162	190	272	261	263
Typhoid Fever	46	34	52	22	36	33	25	25	20	13	28	24	25
Whooping Cough ...	85	86	98	116	124	124	78	86	81	97	62	83	115
Syphilis	225	188	237	251	249	353	261	227	212	267	192	272	285
Gonorrhoea	143	134	103	164	119	99	178	155	108	101	62	146	78
Poliomyelitis	8	8	7	16	15	22	12	7	10	9	13	2	6
Cerebro-spinal Meningitis	3	3	7	2	3	3	3	3	2	4	2	5	1
Total	1025	878	1004	1138	1171	1221	1303	1369	1159	1300	1943	1512	1570

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, November 25, 1922.

Boroughs	Population U.S. Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	573	525	510	979	452	54	13 13	12 06	11 71
The Bronx	732,016	809,586	130	150	148	267	85	10	9.71	9.67	9.22
Brooklyn	2,018,356	2,117,227	372	431	452	872	253	42	9 84	10.62	11.14
Queens	469,042	516,688	78	98	110	221	48	9	7.65	9 90	11.11
Richmond	116,581	124,400	36	29	18	56	16	1	15 49	12 17	7.55
Total	5,620,048	5,839,788	1184	1283	1288	2895	804	116	10.74	11.01	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-seven weeks of this year there were 62,706 deaths, a rate of 11.92 per 1,000 population. During the corresponding weeks of last year there were 57,771 deaths, a rate of 11.15 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	10	46	..	7	..	39	37	9	9	10	5	36	66	91	313	121
The Bronx	3	20	..	1	..	10	11	1	1	2	.	4	11	15	87	48
Brooklyn	6	17	2	2	3	25	24	6	6	9	1	26	54	79	239	118
Queens	1	8	..	1	1	9	4	2	2	3	..	7	12	18	48	42
Richmond	..	12	..	..	..	3	1	..	..	..	..	2	3	4	18	7
Total	20	103	2	11	4	86	77	18	18	24	6	75	146	202	700	331

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	68	61.0	5	4.8	4	2	86	20 9	7	1.7	8	1.9
The Bronx	12	42 0	..	..	..	..	15	9 6	1	0.6	1	0.6
Brooklyn	55	59 0	5	5.4	1	4	82	19 3	7	1.6	4	0.9
Queens	13	69.5	3	16.0	..	2	15	14 5	3	2.9	..	...
Richmond	3	55 0	..	..	..	..	4	17.5	..	...	..	...
City of New York.	146	58.6	13	5.2	5	8	202	18.1	18	1.6	13	1.2

During the first forty-seven weeks of this year 8,793 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 8,707 died, a rate of 72. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Fever Scarlet	Diph-theria	Measles	Miscel-laneous	Kingston Ave. Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Queensboro Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Riverside Hospital: Scarlet Fever	Diph-theria	Measles	Miscel-laneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g11-18-'22.	37	74	9	20	15	58	1	33	8	5	..	4	..	..	..	36	..	548	126	974
Admitted	16	16	3	17	1	19	..	6	3	1	..	..	..	..	..	2	..	29	7	120
Discharged ..	7	13	3	13	1	11	..	3	..	4	..	1	..	..	..	7	..	17	6	86
Died	1	4	..	1	..	..	..	3	..	..	..	..	..	..	..	1	..	..	..	10
Rem'g11-25-'22.	45	73	9	23	15	66	1	33	11	2	..	3	..	..	..	30	..	560	127	998
Total treated	53	90	12	37	16	77	1	39	11	6	..	4	..	..	..	38	.	577	133	1094

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1283	1184	654	679	146	26	30	202	41	63	212	294	332
1. Typhoid Fever	2	3	..	2	..	..	1	1	..	..	1	..	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	1	2	1	..	1	..	..	1	..	..	..	..	..
6. Scarlet Fever	3	2	..	3	..	..	1	1	2	..	..	..	..
7. Whooping Cough	3	4	1	2	1	1	1	3	..	..	..	..	..
8. Diphtheria	13	11	7	6	..	2	6	8	5	..	..	..	..
9. Influenza	11	2	5	6	..	..	1	1	1	..	2	5	2
Poliomyelitis	1	4	1	..	..	..	1	1	..	..			
12. Other Epidemic Diseases	1	6	..	1	..	..	..	..	..	..	1	..	..
13. Pulmonary Tuberculosis	103	88	61	42	..	1	..	1	1	20	43	32	6
14. Tbc. Meningitis	2	5	2	..	1	..	1	2	..	..	..	..	..
15. Other forms Tbc.	1	12	..	1	..	..	..	..	..	..	1	..	..
16. Cancer, Malignant Tumor	122	124	56	66	..	..	..	.	..	..	24	61	37
17. Simple Meningitis	1	3	1	..	..	..	..	..	1	..	..	..	..
17a. Cerebro-spinal Meningitis	2	5	2	..	..	..	..	..	2	..	..	..	..
18. Apoplexy, Softening of the Brain	9	19	4	5	..	..	..	..	..	1	1	3	4
19. Organic Heart Diseases	235	213	114	121	..	..	..	..	4	9	18	85	119
20. Acute Bronchitis	4	6	2	2	1	..	..	1	1	..	..	..	2
21. Chronic Bronchitis	2	1	1	1	..	..	1	1	..	..	..	1	..
22. Lobar Pneumonia	86	68	44	42	9	2	3	14	1	3	19	27	22
22a. Broncho Pneumonia	77	38	39	38	25	12	3	40	1	2	5	14	15
23. Other Respiratory Diseases	6	3	5	1	1	1	..	2	..	1	..	2	1
24. Diseases of the Stomach (Cancer excepted)	13	6	6	7	..	..	..	..	..	1	5	3	4
25. Diarrhoeal Diseases (under 5 years)	18	22	8	10	13	3	2	18	..	.	..	..	..
26. Appendicitis and Typhilitis	13	18	10	3		..	..	..	2	2	5	4	..
27. Hernia, Intestinal Obstruction	7	13	2	5	1	..	..	1	..	..	1	3	2
28. Cirrhosis of Liver	9	5	6	3	..	..		..		..	1	5	3
29. Bright's Disease and Nephritis	80	103	36	44	1	..	..	1	..	1	14	23	38
30. Diseases of Women (not Cancer)	1	7	..	1		.	..	.		..	1	..	..
31. Puerperal Septicaemia	1	4	..	1	..	..		..		1	..	..	..
32. Other Puerperal Diseases	6	5	..	6	..	.	..		..	2	4	..	..
33. Congenital Debility, and Malformations	64	73	41	23	64	..	..	64	..	..	..	..	..
34. Old Age	14	9	7	7	..	..	..	..	..	..		2	12
35. Violent Deaths	81	76	60	21	1	..	6	7	12	7	21	24	10
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	..
b. Other Accidents	75	71	55	20	..	..	6	6	11	6	18	24	10
c. Homicide	6	5	5	1	1	..	..	1	1	1	3	..	..
36. Suicide	24	16	16	8	..	..	..	..	..	2	10	10	2
*37. All other causes	217	206	116	101	27	4	3	34	3	11	35	65	64
38. Ill-defined causes	..	2	..	..	..	..	..	..	..	..	..	..	..

Deaths in Institutions,	520	Mean temperature,	40.9 deg. Fahr.
Mean barometer,	29.65	Minimum temperature,	29.0 deg. Fahr
Mean humidity	55.0	Maximum temperature,	63.0 deg. Fahr
Precipitation,	0.27	Snow—Trace.	

†If the deaths under one month, numbering 72 from all causes, be deducted from the total deaths under one year, the resulting rate will be 30 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 11, Diabetes 23, Alcoholism 8, Locomotor Ataxia 1, Paresis 3, Arterio-sclerosis 63, all other congenital causes 12.

25a-2023-12-0°C
Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. DECEMBER 9, 1922. No. 49

THE DIAGNOSIS OF INFECTIOUS DISEASES.

The attached is the eleventh installment of the "Quiz Manual," in process of preparation, intended for the guidance of the diagnosticians of the Department of Health. This instalment was contributed by Dr. J. E. Regan, Assistant Resident Physician, Kingston Avenue Hospital.

Encephalitis.

Q. What is the disease called epidemic encephalitis, or lethargic encephalitis?

A. It is an epidemic disease of the nervous system described, so far as the prevailing type is concerned, first by Cruchet, Noutier, and Calmette, in April, 1917, and by Von Economo, in May, 1917.

This disease occurs in an endless number of clinical forms, and though in most cases the course of the malady is divisible into several stages, the sequence of these stages may be very different in various epidemics, and even in single cases in the same epidemic. The varied symptomatology, the diversity of the syndromes met with, the absence of any constant order in the development of these syndromes, and the resemblance of this disease to almost every well known and well defined neurological symptom complex have been responsible for many mistakes in diagnosis.

Undoubtedly, however, despite all the variations in symptoms and forms, we have to deal with a single disease, due, to a specific virus, in which the clinical manifestations are very diverse, owing to the differences in intensity of the virus and its toxins, and to variations in the localizations of the multiple lesions produced.

Q. What are the diagnostic criteria?

A. The diagnostic criteria consist in a triad: somnolence, opthalmoplegia, and profound asthenia.

Q. Is the disease infectious?

A. Epidemiologically it must be regarded as an infectious, probably communicable disease, due to an unknown but specific infectious agent.

Q. Is epidemic encephalitis a new disease?

A. Probably not, most observers seem to agree, that during the last hundred years or more we have had several outbreaks of this disease, But its extensive prevalence during the last few years throughout the whole civilized world has drawn attention more particularly to it, and it has been studied more carefully than in the past

Digitized by Google

when it was no doubt often confused with influenza and poliomyelitis.

Q. What predisposing factors are to be considered in the etiology of this disease?

A. The disease occurs most frequently in young adults, and it, in general, supervenes between the 20th and 40th years of life (66 per cent of cases). No age, however, is exempt. Children in infancy and the very aged being at times afflicted. Males are more often attacked in the ratio of 3 to 2. Persons in every conceivable occupation and condition of life are affected. The incidence among physicians, however, has been notably high (16 times as frequent as in the average population). In the United States the foreign born (55 per cent), population was affected more often than the native born (45 per cent), despite the far inferior number in the total population of the former. In only a few instances has the disease been found to occur in two members of one family (almost ½ of 1 per cent in various series), and presumably this is to be attributed to the small percentage of individuals who are susceptible. The seasonal incidence of the disease increases in the late fall and early winter reaching a maximum in February, then gradually declining to a minimum during the summer months.

Q. What is the relation of influenza to acute epidemic encephalitis?

A. The connection, if any, between these two diseases is not understood at the present time. Some authorities claim there is no etiological relationship, and that the influenza pandemic merely prepared the soil for the epidemic of encephalitis, by lowering the resistance of the communities invaded. Some writers, on the other hand, believe there is a close etiological relationship.

It is known, of course, that the last pandemic of influenza and of epidemic encephalitis originated, while not exactly, yet closely about the same time, that their diffusion over the globe coincided in general—that following previous influenza epidemics, cases of encephalitis have been recorded, and finally that many cases of epidemic encephalitis have an onset with symptoms of catarrhal inflammation of the upper respiratory tract.

Q. What is the relation of acute epidemic encephalitis to acute poliomyelitis?

A. The present trend of opinion seems to be to consider the two diseases as separate and distinct clinical entities, which may have, however, a more or less similar etiological agent or virus.

Q. In what ways does acute epidemic encephalitis differ from acute poliomyelitis?

A. Epidemic encephalitis affects patients of a different age group. The onset in epidemic encephalitis is commonly very gradual and the progress of the disease is slow, in many instances requiring several weeks or even months to reach its greatest severity, and even then being subject to exacerbations and remissions, while in acute poliomyelitis there is a sudden, sharp attack which develops rapidly and in a few days attains its maximum of severity.

In epidemic encephalitis the paralysis are transient and variable and are not followed by atrophy; moreover their development is insideous and the distribution predominates from brain and midbrain involvement, while in poliomyelitis the paralysis are sudden in origin and predominently from spinal cord lesions, with usual character of such paralysis (flaccidity, absence of reflexes, hypotonicity, etc.).

Epidemic encephalitis tends towards a maximum occurrence in mid-winter, epidemic poliomyelitis in mid-summer.

Epidemic encephalitis much more commonly presents a normal or nearly normal spinal fluid. Geographically, epidemic encephalitis may be more widespread than epidemic poliomyelitis, but it has never attained such severe epidemic prevalence in any one place as has the latter disease.

Q. Is the exact etiological agent of this disease known? (b) Is the manner of transmission understood? (b) Is the contagiousness of the malady very great?

A. (a) No, certain researches have yielded very interesting and suggestive results

Digitized by Google

but they have not, as yet been accepted. (b) No, present opinion tends to the belief that the mode of dissemination may be, just as in poliomyelitis, by the nose and throat secretions. (c) No, it is only slightly contagious, or else the individual susceptibility is very low, or both. It is rare to see the disease in more than one member of a family. Yet a reliable observer was able to establish the existence of an antecedant exposure in 4.6 per cent of his 174 patients.

Q. What are the pathological changes produced by the virus of epidemic encephalitis in the central nervous system?

A. The changes are congestive in nature and are in most part limited to the brain and brain stem. Microscopically, the surface of the brain frequently presents an appearance of frank congestion which may also be observed in the dilated blood vessels seen throughout the sectioned surface of the gray and to a lesser extent the white matter of the brain, pons and medulla. Microscopically, the perivascular spaces of the blood vessels of these areas are crowded with lymphocytes and plasma cells, and the vessels are themselves congested. Hemorrhages, microscopic in size, may also be observed. The nerve cells and fibres show relatively little evidence of degeneration change in proportion to the severity of the pathological lesions. Only in areas of the most intense changes are the nerve cells much affected—another point of difference from epidemic poliomyelitis.

Q. Is the incubation period of this disease known?

A. No.

Q. Describe the common modes of onset of epidemic encephalitis?

A. (a) Probably the most common mode of onset is with the symptoms of an acute infection of the upper respiratory tract—coryza, cough, fever, headache, dizziness, muscular pains, and sweating, to which may or may not be added gastro-intestinal symptoms—constipation, loss of appetite, vomiting.

(b) These prodromata may be absent, and the first symptoms noted may be those of the disease entity: Drowsiness, listlessness, diplopia, ptosis, facial weakness, etc.

Q. Describe the more unusual modes of onset?

A. (a) Occasionally the onset is accompanied by a meningeal syndrome but of a mild degree, with slightly rigid neck, suggestive Kernig, headache, and hyperesthesia; or (b) occasionally the onset is very insideous with progressive weakness, asthenia, dizziness and headache. (c) Rarely the beginning of the disease is ushered in by a sudden hemiplegia.

Q. Name and describe the various important symptoms encountered in epidemic encephalitis?

A. I. Physical symptoms—

(a) Somnolence—which may vary in degree from a slight drowsiness to a deep stupor, or even coma, is one of the most frequent signs of the disease. The typical form is one of light somnolence from which the patient can be aroused when apparently in a state of stupor. When aroused they are well orientated, have a normal intellectuality, have a good memory, and realize what is taking place around them. They often have a striking absence of appreciation of their condition. There is generally a lack of spontaneity and initiative.

(b) Cerebral Excitation—may take the place of somnolence in some patients and is shown by insomnia, abnormal talkativeness, hallucinations, delirium, or a state of mental confusion. Later, as a sequella, persistent psychopathic conditions may occur which present the general characteristics of an acute organic type of mental reaction corresponding to the type of toxin psychosis.

II. Motor Symptoms.

(a) Paralysis—

1. Oculo motor paralysis.
2. Facial paralysis.

Digitized by Google

3. Other cranical nerve paralysis.
4. Spastic monoplegias, diplegias and paraplegias.
5. Involvement of sphincter muscles of the bladder and rectum.

(b) Abnormal Movements.

1. Convulsions—especially of an epileptiform type are sometimes seen.
2. Choreiform movements, of the usual involuntary irregular character, and of an automatic associated type, and which may be general, hemilateral, or segmental.
4. Choreo-athetoid movements—may occur also, either early or late in the disease, and may be general, unilateral or segmental in distribution. They consist in the constant repetition of a succession of movements or gestures involving one or more extremities which remain present all the time, except when inhibited by voluntary effort or during sleep.
4. Myoclonic movements—types presenting rythmical movements, at regular intervals of, for example, a distal portion of an extremity, and which may be bilateral, are occasionally seen.
5. Tremor of various types.

(c) Muscular hypertonicity—a condition of rigidity of the entire body in which all active movements are slow, difficult and accompanied by a coarse tremor.

(d) Catatonia—a peculiar wax like rigidity seen commonly early in the disease in which the patient maintains an extremity or portion of the body for a variable length of time in the position in which it is placed. It is the result of muscular hypertonicity.

(e) Muscular weakness appears often late and with it a pecular cog wheel resistance to passive motion.

(f) Reflexes—The reflexes may or may not be modified, very often they are not. Exaggeration may accompany the spastic phenomena. An angle clonus and Babinski, as well as Kernig sign, have been observed.

(g) Facies—A masked expression to the face is seen, not infrequently, due to paralysis of the facial muscles.

III. Sensory symptoms—

The main sensory symptom is pain. Headache especially at the onset is frequent. Pain may be situated in the face at the site of distribution of the 5th nerve, and may attain almost the severity of a "tic doulereaux." Pain in the arms of a lancinating type also occasionally occurs. The pains are often situated in the upper part of the thorax and neck with radiations along the upper extremities. Sensory troubles other than pain are exceptional.

IV. Secretory Symptoms—

The main secretory troubles are those of salivation and profuse sweating.

V. Special Symptoms—

Q. What are the charactertistics of the involvement of the cranial nerves in this disease?

A. The 3rd, 4th, 5th and 7th are the nerves most frequently affected, either alone or in various combinations. The 6th, 8th, 9th 10th, 11th, and 12th are also at times involved. The paralysis are characterized by their transitory character, good prognosis (if vital centers are not affected) and by the fact that the involvement is often bilateral.

Q. What motor ocular symptoms are encountered?

A. A diverse and important symptom complex of the disease originates from eye paralyses.

(1) Ptosis is most common alone, it is usually partial and is unaccompanied by a contracture of the frontalis.

(2) Partial combination of internal and external ophthalmoplegia are frequent or the internal or external trabismus may be seen separately.

Digitized by Google

(3) Photophobia.
(4) Unilateral or bilateral paralysis of accommodation.
(5) Infrequent winking.
(6) Nystagmus.

Q. What other important symptoms originate from cranial nerve involvement in this disease?

A. Paralyses of the face, various troubles of deglutition, alterations in voice, and bearing, changes in respiration (Cheyne-Stokes respiration) and change in heart action.

Q. What changes in speech are sometimes observed in epidemic encephalitis?

A. Various alterations either in that the voice is weak, little more than a whisper, or is high pitched, and speech is slow and monotonous, or with words poorly pronounced and with distinct scanning.

Q. What characteristics does the temperature present in epidemic encephalitis?

A. An initial fever of 100 to 102 degrees which usually continues for a few days, and then entirely or nearly entirely disappears.

Q. Is a condition of marked asthenia seen in this disease?

A. Yes, it is a frequent symptom of the disease, and may persist well into convalescence.

Q. Into what forms is acute epidemic encephalitis classified?

A. Various classifications exist, but it has been a most difficult task to obtain a satisfactory division of the disease which would include in a small number of types the diverse manifestations of the condition. Moreover it must be remembered that many cases present combinations of more than one type—

1. Somnolent or lethargic—opthalmoplegic type.
2. Paralytic (akinetic and hypokinetic types—), comprising a cortical, pyramidal form and, as some writers claim, an anterior and posterior poliomyelitic forms.
3. Amyostatic, corpus striatum, or paralysis agitans type, and comprising the Parkinson-like, and cataleptic syndromes.
4. Hyperkinetic types comprising the myoclonic, chorea-like, and epileptic forms.
5. Psychic types, comprising the delirious, maniacal, and depression forms.
6. Hyperalgetic or painful types, comprising the polyneuritic and acute descending radicular forms.
7. Tabetic type (with Argyle-Robertson pupils, loss of deep reflexes, and lancinating pains).
8. Cerebellar type.
9. Abortive type (comprising imperfect, rudimentary and ambulatory types).
10. Aberrant type (comprising an intestinal, cutaneous and vagal form).

Q. What are the common forms of the disease?

A. The somnolent—opthalmoplegic, paralytic, amyostatic and hyperkinetic.

Q. What symptom complexes should one regard with suspicion in times of epidemic prevalence of the disease?

A. According to the Association for Research in Nervous and Mental Diseases, (1) Pathological drowsiness; (2) Cerebral nerve paralysis (especially opthalmoplegia); (3) An acutely developing Parkinsonian syndrome; (4) A cataleptic state; (5) A myoclonia; (6) A chorea; (7) Pupillary disturbances; (8) Violent neuraglia; (9) A poliomyeltic syndrome; (10) A peculiar delirium; (11) A psychotic state (12) Signs of meningeal irritation.

Q. What are the characteristics of the cerebro-spinal fluid in epidemic encephalitis?

A. The cerebro-spinal fluid is under slight to moderately increased pressure, is sterile, shows a normal or slightly increased Fehling's reduction, a normal number or slight increase of cells (lymphocytes), and a normal or slight increase in albumin and globulin. The reduction of Langes colloidal-gold solution is varia-

Digitized by Google

ble, sometimes being negative, and, at others, presenting a paretic, leuetic or meningitic curve.

Q. What changes does the blood show in epidemic encephalitis?

A. On the average, a slight diminution in red cells, and a slight to moderate leucocytosis (10,000 to 15,000).

Q. What is the duration of the disease?

A. It is very variable. In fatal cases of certain types, death may supervene within the first week, or on the other hand mortal cases may last 2 months. Likewise in patients who recover, the duration varies greatly. Occasionally as short as a few days, or, as is more commonly the case, the disease and its sequellae last for weeks or months.

Q. What is the prognosis as to complete recovery and as to life?

A. The mortality rate varies between 20 per cent and 40 per cent. Of these who survive the acute stage of illness, about 10 per cent may develop progressive disease of the nervous system. The remainder will make a good functional recovery in 6 to 24 months, with the probability of progressive approach to normal after that period. The cases with cranial nerve involvement, including those with diplopia offer the most favorable outlook. The mortality rate is especially high in pregnant women, and the child, also, usually dies.

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 9	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4	Nov. 11	Nov. 18	Nov. 25	Dec. 2
Total deaths	999	928	960	1089	1185	1085	1139	1208	1161	1326	1206	1223	1262
Annual Death Rate	8.92	8 29	8.58	9.28	10.14	9.69	10.18	10.79	10 37	11.85	10.77	11 01	11.69
*Acute Infectious Diseases	15	22	16	19	22	22	26	20	30	25	15	24	25
Pul. Tuberculosis..	98	62	69	81	78	76	67	94	80	92	96	106	99
Influenza	..	1	1	2	2	8	2	5	5	3	9	11	11
Lobar Pneumonia..	28	25	20	25	36	41	46	42	55	86	60	86	81
Broncho Pneum. ..	36	35	37	49	56	51	48	52	51	86	80	77	69
**Violent Deaths ...	62	67	69	78	71	78	68	96	76	68	80	81	77
Deaths under 1 year.	156	146	115	124	174	141	176	167	151	171	141	146	151
Rates per 1,000 births	62.0	58.0	45.7	49 8	69.2	56.1	70.1	66.7	60.4	68.3	56.6	58.6	60.5
Deaths under 5 years	196	203	180	184	237	203	222	219	208	236	192	202	225
" 5-65 years ...	601	527	567	603	649	620	636	698	643	727	681	709	686
" 65 years and over	202	198	213	252	249	262	281	296	310	363	333	331	315

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	179	251	310	247	220	265	284	235	225	144	213	230	243
Diphtheria	83	86	96	128	99	106	133	157	174	160	201	196	228
Measles	13	16	18	30	33	37	31	27	34	64	46	59	40
Scarlet Fever	35	30	34	46	57	64	62	70	80	102	99	137	120
Chickenpox	16	14	9	25	36	55	63	42	65	74	113	154	162
Influenza	4	7	11	11	18	31	21	33	41	67	45	41	43
Pneumonias	95	101	89	138	124	188	172	162	190	272	261	288	253
Typhoid Fever	34	52	22	36	33	25	25	20	13	28	24	25	18
Whooping Cough ...	86	93	116	124	124	78	86	81	97	62	83	115	73
Syphilis	188	237	251	249	353	261	327	212	267	192	273	235	238
Gonorrhoea	134	103	164	119	99	178	155	108	101	63	146	89	102
Poliomyelitis	8	7	16	15	22	12	7	10	9	13	3	6	11
Cerebro-spinal Meningitis	3	7	2	3	3	3	3	2	4	2	5	1	1
Total	878	1004	1138	1171	1221	1303	1369	1159	1300	1243	1512	1576	1565

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 2, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	535	534	521	869	1448	63	12.26	12.26	11.97
The Bronx	732,016	809,536	126	145	138	264	96	10	8.44	9.34	8.89
Brooklyn	2,018,356	2,117,227	369	446	454	834	339	41	9.37	10.99	11.19
Queens	469,042	516,688	87	82	94	161	28	17	9.12	8.28	8.49
Richmond	116,581	124,400	36	35	35	56	26	3	15.49	14.68	14.68
Total	5,620,048	5,889,788	1153	1242	1242	2184	1937	134	10.46	11.09	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-eight weeks of this year there were 63,948 deaths, a rate of 11.01 per 1,000 population. During the corresponding weeks of last year there were 58,924 deaths, a rate of 11.14 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Disease, all ages	Diarrhoel Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	9	37	..	5	..	34	24	11	10	4	5	36	61	94	314	126
The Bronx	..	22	..	..	..	9	11	3	3	1	..	3	13	17	90	38
Brooklyn	9	22	1	5	4	33	26	9	8	3	5	23	55	87	238	121
Queens	2	6	..	..	1	3	6	2	2	2	..	2	17	21	39	22
Richmond	2	3	..	1	..	2	2	..	..	..	..	3	5	6	18	11
Total	22	90	1	11	5	81	69	25	23	10	10	67	151	225	699	318

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	57	55 4	8	7.8	4	4	99	21 7	10	2 4	9	2 2
The Bronx	14	49 0	3	10.5	2	1	19	12 2	3	1.9	..	.
Brooklyn	56	60 2	6	6 5	2	4	88	20 8	8	1.9	6	1.4
Queens	19	102 3	2	10 8	..	2	23	22 2	2	1.9	2	1 9
Richmond	5	91 1	..	..	..	..	6	26 2	..	....	1	4 4
City of New York.	151	60 8	19	7.6	8	11	225	20.1	23	2.1	18	1.6

During the first forty-eight weeks of this year, 8,944 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 8,847 died, a rate of 72. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g11-25-'22.	45	78	9	23	15	66	1	33	11	2	..	3	..	..	..	30		556	127	993
Admitted	11	16	4	17	6	18	..	4	2	2	..	1	..	..	..	6	..	15	12	114
Discharged ..	7	21	3	14	2	11	..	3	4	1	..	2	..	..	..	10	..	16	1	95
Died	1	3	1	1	.	3	..	..	..	..	..	1	..	..	..	..	..	..	..	10
Rem'g12 2-'22..	48	65	9	25	19	70	1	34	9	3	..	1	..	..	..	26	..	554	138	1002
Total treated	56	89	13	40	21	84	1	37	13	4	..	4		..		36		570	139	1107

Digitized by Google

Deaths According to Cause, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1242	1158	664	578	151	82	42	225	27	65	197	410	318
1. Typhoid Fever	1	1	1	..	..	..	..	.	..	..	..	1	..
2. Malarial Fever	..	..	..	..	..	..	..	.	..	.	..	..	..
5. Measles	1	..	1	..	..	..	1	1	..	..			..
6. Scarlet Fever	2	2	1	1	..	..	2	2	..	..	..	..	..
7. Whooping Cough	8	5	1	2	2	..	1	3	..	..	..	..	..
8. Diphtheria	16	9	10	6	..	5	7	12	4	..	..	..	..
9. Influenza	11	7	3	8	3	..	..	3	1	3	1	2	1
Poliomyelitis	2	1	1	1	..	..	1	1	1	..	..	..	..
12. Other Epidemic Diseases	2	2	2	..	..	..	..	..	..	..	..	..	2
13. Pulmonary Tuberculosis	90	78	47	43	..	..	..	..	2	21	36	29	1
14. Tbc. Meningitis	9	4	6	3	..	4	3	7	2	..	..	..	
15. Other forms Tbc.	5	5	2	3	1	..	..	1	..	2	2	..	.
16. Cancer, Malignant Tumor	128	118	58	70	..	..	..		..	1	13	63	41
17. Simple Meningitis	2	1	2	..	..	..	..	..	..	..	2	..	..
17a. Cerebro-spinal Meningitis	1	3	1	..	..	1	..	1	..	..	..	..	
18. Apoplexy, Softening of the Brain	4	15	2	2	..	..	..	..	..	..	1	1	2
19. Organic Heart Diseases	240	274	118	122	..	1	1	2	3	6	25	101	103
20. Acute Bronchitis	5	8	2	3	2	1	..	3	..	..	..	1	1
21. Chronic Bronchitis	6	2	2	4	..	.	.	.	..	.	.	.	6
22. Lobar Pneumonia	81	52	43	38	6	8	6	20	..	2	19	25	15
22a. Broncho Pneumonia	69	52	42	27	25	9	4	38	1	2	5	8	15
23. Other Respiratory Diseases	9	7	8	1	..	..	2	2	..	..	1	6	.
24. Diseases of the Stomach (Cancer excepted)	16	8	12	4	..	..	..	..	..	..	6	9	1
25. Diarrhoeal Diseases (under 5 years)	23	16	12	11	19	2	2	23	..	..			
26. Appendicitis and Typhilitis	11	16	7	4		..	1	1	1	..	3	6	.
27. Hernia, Intestinal Obstruction	8	13	3	5	..	..	..	..	2	1	..	3	2
28. Cirrhosis of Liver	4	6	2	2		..		..		..	..	3	1
29. Bright's Disease and Nephritis	78	79	42	36	1	..	..	1	..	2	7	35	33
30. Diseases of Women (not Cancer)	8	4	..	8			..			..	4	4	..
31. Puerperal Septicaemia	2	..	..	2				..		1	1	..	
32. Other Puerperal Diseases	7	10	..	7	..	.			..	2	5	..	
33. Congenital Debility, and Malformations	68	69	35	33	68	..	..	68	..	..	..		..
34. Old Age	17	3	4	13			..	..	..	..		..	17
35. Violent Deaths	77	92	51	26	3	..	3	11	6	7	22	19	12
a. Sunstroke	..	..	..	..		..	..	..	..	..	..	..	.
b. Other Accidents	67	83	44	23	..		3	3	6	5	18	18	12
c. Homicide	10	9	7	3	3	..	..	3	..	2	4	1	
36. Suicide	10	10	10	..		..	..	..	..		4	2	2
*37. All other causes	226	175	133	93	21	1	3	25	4	15	35	25	62
38. Ill-defined causes	..	6	..	.	..	..	..	..	..	..	..	..	

Deaths in Institutions,	508	Mean temperature,	39.0 deg. Fahr.
Mean barometer,	29.82	Minimum temperature,	28.0 deg. Fahr.
Mean humidity	53.3	Maximum temperature,	57.0 deg. Fahr.
Precipitation,	.10	Snow—Trace.	

†If the deaths under one month, numbering 88 from all causes, be deducted from the total deaths under one year, the resulting rate will be 25 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 1, Syphilis 7, Diabetes 33, Alcoholism 3, Locomotor Ataxia 1, Paresis 10, Arterio-sclerosis 65, all other congenital causes 12.

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. DECEMBER 16, 1922. No. 60.

REGULATION OF THE SALE OF FOOD AND DRINK.

At a meeting of the Board of Health of the Department of Health of the City of New York held in the said city on the 23rd day of November, 1922, the following resolution was adopted:

RESOLVED, That the regulations governing the preparation, storing, offering for sale and selling of food and drink in kitchens, serving and dining-rooms of hotels, restaurants, boarding houses, cafes, lunch rooms, saloons, grill rooms, buffets, or other public places and relating to Section 149 of the Sanitary Code be and the same are hereby amended by the adoption of a new Regulation to be known as Regulation 40, to read as follows:

Regulation 40. Dry Sweeping prohibited. Dry sweeping in any place or room where food or drink is prepared, cooked, mixed, baked, exposed, bottled, packed, handled, stored, manufactured, offered for sale or sold, is prohibited.

A true copy.

CHARLES L. KOHLER, *Secretary.*

REGULATION OF POULTRY SLAUGHTER HOUSES.

At a meeting of the Board of Health of the Department of Health held November 23, 1922, the following resolution was adopted:

RESOLVED, That subdivision "a" of Regulation 1 of the Regulations governing the conduct of poultry slaughter houses and relating to Section 325 of the Sanitary Code, be and the same is hereby amended and made to read as follows:

(a). Approval of site. An application for the approval of site upon which it is proposed to establish and conduct a poultry slaughter house shall be made by the owner or owners thereof upon official blank forms furnished for such purposes by the Department of Health. The applicant shall also submit with the said application evidence of ownership, a map or sketch upon which shall appear the location and character of each building within a radius of 200 feet of the proposed site, and photographs showing the proposed site, the premises for a distance of at least fifty (50) feet on each side thereof, and premises on the opposite side of the proposed site for a distance of at least one hundred (100) feet, and evidence of ownership of each piece of property within a radius of two hundred (200) feet of the proposed site. Upon receipt of such application, the Director of the Bureau of Food and Drugs shall cause an inspection to be made of the proposed site and the surrounding neighborhood and shall notify

Digitized by Google

the owners of all property within a radius of two hundred (200) feet of the proposed site to the effect that an application for approval of site for a poultry slaughter house has been made and afford them an opportunity to appear at a hearing if they desire to protest. He shall then prepare a report of the result of the hearing as well as the result of the inspection and shall forward said report with an appropriate recommendation to the Board for its consideration and action.

A true copy.

CHARLES L. KOHLER, *Secretary*.

NEW DEPARTMENT PUBLICATIONS.

The following recent publications are available for free distribution to anyone interested who will apply to the Bureau of Public Health Education, 505 Pearl St., Manhattan.

Important Facts About Milk (16 page pamphlet).

FATAL CASE OF TETANUS.

M. F., 13 years, was admitted to Bellevue on the night of September 18, last, suffering from tetanus, from which disease he died the next morning.

On September 7, this boy shot himself in the left hand with a toy pistol. He received local treatment in a clinic on Second Avenue, Manhattan, but, so far as could be learned, he was not immunized against tetanus. The boy went to school on the morning of the 18th, but came home ill, and when he was admitted to the hospital he was showing very severe symptoms. He received one dose of 10,000 units tetanus antitoxin.

This was obviously a case in which the failure of the clinic physician to administer tetanus antitoxin, in accordance with modern teaching, was apparently the cause of a death that might have been prevented.

INTERESTING CASE OF PELLAGRA.

The following is a brief report of an interesting case seen by the Acting Chief Diagnostician of the Bureau of Preventable Diseases, at Bellevue Hospital:

F. M., 52 years, had been in Ward A2 for some weeks suffering from pellagra. This man is a native of New York and has not been out of the city in recent years. He states that, about six months ago, a friend of whom he was very fond, left the city, and that he grieved a great deal over the circumstance. He ate irregularly, and lived principally on cake, bread, and crackers.

About three months ago he noticed an eruption on the back of both hands, his mouth became sore, he developed a diarrhoea and became much depressed mentally. On his admission to the hospital, several weeks ago, he was in very bad shape and showed a marked dermatitis on the backs of his hands evenly distributed, an excessive diarrhoea, severe glossitis, and marked mental depression. He is now showing considerable improvement.

SCARET FEVER IN NEW YORK CITY.

Third Quarter, September 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
Cases reported	1921	243	65	167	87	15	577
	1922	202	76	114	59	13	464
Deaths reported	1921	7	4	4	1	0	16
	1922	6	5	1	1	..	13
Case fatality	1921	.03	.06	.02	.01	..	.03
	1922	.03	.06	.01	.02	..	.03
Cases per 1,000 of population	1921	.42	.33	.32	.69	.49	.4
	1922	.35	.37	.21	.45	.45	.31
Deaths per 1,000 of population	1921	.01	.02	.01	.01	..	.01
	1922	.01	.02	.002	.008	..	.01

Digitized by Google

TUBERCULOSIS IN NEW YORK CITY.

Third Quarter, September 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
New cases	1921	1630	388	991	152	38	3199
	1922	1896	322	921	188	40	3367
Total cases in register	1921	15174	3420	6956	1435	325	27310
	1922	15070	3287	7053	1498	292	27200
New patients examined at clinics	1921	1489	421	1585	184	19	3698
	1922	1568	321	1515	198	32	3634
Total visits of patients to clinic	1921	7107	3236	6604	1465	166	18578
	1922	7330	2016	7035	1196	157	17734
Under sanitary supervision	1921	255	65	406	8	5	739
	1922	0	70	206	5	24	305
Voluntary renovations	1921	186	66	137	110	51	550
	1922	228	32	167	22	37	486
Species of sputum examined	1921	4427	1329	2181	416	97	8450
	1922	4509	892	2046	414	74	7935
Positive for tubercle bacilli	1921	915	344	474	87	18	1838
	1922	969	140	438	112	21	1680
Deaths from pulmonary tuberculosis	1921	528	146	349	85	32	1140
	1922	511	131	347	82	25	1096
Deaths per 1,000 of population	1921	.92	.74	.67	.68	1.05	.79
	1922	.89	.64	.65	.63	.80	.74
Deaths all forms of tuberculosis	1921	625	159	410	96	35	1325
	1922	607	152	404	93	28	1284
Deaths per 1,000 of population all forms of tuberculosis	1921	1.09	.81	.78	.77	1.15	.91
	1922	1.06	.75	.76	.71	.89	.87

MEASLES IN NEW YORK CITY.

Third Quarter, September 30, 1921, 1922.

		Manhattan.	Bronx.	Brooklyn.	Queens.	Richmond.	City.
Population	1921	2276778	778528	2077674	497627	121252	5751859
	1922	2271892	809536	2117227	516683	124400	5839738
Cases reported	1921	557	70	132	26	27	812
	1922	542	152	265	155	10	1124
Deaths reported	1921	17	1	2	0	0	20
	1922	27	2	8	2	..	39
Cases per 1,000 of population	1921	.97	.36	.25	.21	.88	.56
	1922	.95	.74	.50	1.19	.32	.76
Deaths per 1,000 of population	1921	.03	.005	.004	..	..	.01
	1922	.05	.01	.01	.01	..	.03
Case fatality	1921	.03	.01	.02	..	..	.02
	1922	.05	.01	.03	.01	..	.03

VEGETARIANISM AS EFFECTING NUTRITION.

INSTITUTE OF AMERICAN MEAT PACKERS
CHICAGO

"Editor, WEEKLY BULLETIN, *Department of Health,*
"New York City, N. Y.

"Dear Sir: We read your interesting account of the vegetarian dinner given in Bombay, India, in your issue of October 7, 1922, under the heading "Vegetarian Propaganda from India."

"While the last word in nutrition has not been written, we believe, that the work done on nutritional problems in the past few years has definitely established not only the superiority but the indispensability of animal proteins in the diet of civilized man. American investigators, primarily Mendel and Osborne, have shown that animal proteins contain the amino acids necessary for the building of the tissues of the human body whereas vegetable proteins as a rule do not, many being actually deficient in one or more of the necessary amino acids. This newer knowledge of proteins, we believe, speaks eloquently in favor of including a liberal amount of animal protein in the diet.

"Friedenwald and Ruhrah, in the fifth edition of their work on 'Diet in Health and Disease,' have this to say regarding vegetarianism, on page 141:

Digitized by Google

"Theoretically, vegetarians are supposed to subsist entirely on an exclusive diet obtained from the vegetable kingdom, including vegetables, cereals, fruits, nuts, etc., but as a matter of fact, many add milk, butter, eggs, gravies, and animal fats. The disadvantages of a strictly vegetable diet are too obvious to require much comment. It is possible to supply an adequate diet as regards fats, proteins, and carbohydrates entirely from the vegetable kingdom and even to supply the vitamines, fat soluable A and water soluble B, and the proper amino acids, but the danger of not getting a sufficient diet in every respect is so great that a strict vegetarian diet cannot be recommended for any length of time. This subject has received a large amount of experimental attention in feeding animals. Persons subsisting on a purely vegetable diet for any great length of time are apt to lose strength as well as physical and mental vigor and endurance. Laborers are unable to perform the same amount of work they could accomplish on a diet containing animal food. While vegetables contain large proportions of protein, in order to furnish them in sufficient amounts very large quantities have to be eaten. This overfeeding is apt, in many instances, to produce digestive disturbance, particularly in those suffering from gastro-intestinal disorders. A purely vegetable diet, if persisted in, is also said to lessen the powers of resistance.

"We hope you will give the facts mentioned above your careful consideration.

"Very truly yours,

"W. W. WOODS, *Vice-President.*

"November 29, 1922.
Approved: Committee on Nutrition,
"W. D. RICHARDSON, *Chairman.*"

INTERESTING CASE OF ABSCESS OF THE BRAIN.

(Reported by Dr. James D. Smith, Physician-in-Charge, Queensboro Hospital)

Patient, J. J. K., male, aged 28 years, admitted January 1, 1923—

Previous History: Measles and pertussis in childhood. In August, 1921, had pneumonia. Remained in bed three weeks. Recently, had a nasal discharge which the doctor said was due to a defective septum. Operation was advised, and was to have been performed in February.

Present Illness: Two weeks prior to admission, patient suffered with severe headache, in temporal and occipital regions. These headaches became progressively worse and, four days before admission, he had an attack of vomiting and took to his bed. During these four days, the patient took food and, in the intervals, slept. On Saturday, the day of admission, he became so drowsy he was aroused with difficulty.

On admission, patient was in a semi-comatose condition and did not answer questions intelligently. He exhibited irritation when physical examination was attempted. Temperature was 99; pulse, 60; respiration, 24.

Physical examination: Showed heart sounds clear, though weak, slow and regular. Breathing was extremely shallow. Breath sounds feeble, expiration prolonged. Percussion note resonant. Abdomen was negative.

A double Kernig was present. Babinski positive; Brudzinski positive. Patella, abdominal and cremasteric reflexes were absent. Eyes were closed and attempt to open lids was resisted. Pupils moderately dilated, reacted slowly to light. Left pupil was irregular in outline, being of greatest diameter in the verticle. No nystagmus nor strabismus was present. No facial or other paralysis was noted. There was definite rigidity of neck vetebrae but no retraction.

Eye fundus findings: Discs readily seen. Outline clear with slight blurring

Digitized by Google

on nasal side. Retinal veins markedly distended. Arteries quite small, no ocular paralysis.

Laboratory reports: Leucocyte count, 18,500; (neutrophiles, 78 per cent; small lymphocytes, 20 per cent; large lymphocytes, 2 per cent).

Spinal fluid: 20 c.c., drawn, turbid, under slight pressure. Marked sugar reduction. Globulin markedly increased. Wasserman negative. Film preparation of centrifuged spinal fluid showed no bacteria. Culture in bouillon was negative.

Urine: Negative, save for a very faint trace of albumin.

Temperature ranged from 98.2 degrees to 99.6 degrees Fahrenheit.

Pulse ranged from 56 to 66 per minute.

Respiration ranged from 22 to 28 per minute.

Autopsy findings: Patient died the next day. Autopsy was performed by Doctor Applebaum, with Doctor Neal present.

The convolutions of frontal lobes were flattened, more on the left than on the right side. A collection of pus was visible at the anterior poles of the frontal lobes, and seemed to be continuous with pus coming through the cribriform plate. This pus was green, and of a consistency of pea soup. Several coronal sections of the frontal lobes showed the abscess to be more extensive in the left frontal lobe, in which it extended almost to the left lateral ventricle. The abscess contained about one ounce of pus.

Direct smears revealed a Gram-positive diplococcus in pure culture (pneumococcus).

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 9, 1922.

The outstanding feature of the week's mortality was the excess of deaths from pneumonia as compared with the corresponding week of 1921, 144 deaths having been attributed to both forms of pneumonia during the week as compared with 120, an increase of 24 deaths. There were 124 deaths reported from cancer, as compared with 103, an increase of 21. There were 292 deaths from causes other than those specified in the accompanying weekly report, as compared with 241, an increase of 51. The mortality from the infectious and contagious diseases was approximately the same as in 1921 as was that from the organic heart and kidney diseases. The one cause that showed an exceptional decreased mortality was pulmonary tuberculosis there having been 76 deaths reported, as compared with 94, a decrease of 18.

The total mortality from all causes reached the figure 1,259, as compared with 1,201 in the corresponding week of 1921, an increase of 58 deaths, which increase is scaled down to one of 43 deaths if the increase in population be taken into consideration. The death rate for the week was 11.25, as compared with 10.89.

The mortality among infants under one year of age was slightly below that of the corresponding week of last year, there having been 157 deaths reported, as compared with 161; between one and five years of age there were 45 deaths reported, as compared with 50, a decrease of 5; between five and sixty-five years of age there were 704 deaths reported, as compared with 675, an increase of 29, and at ages sixty-five years and over there were 353 deaths recorded, as compared with 315, an increase of 38. It is evident that the increased mortality took place chiefly among adults and persons of old age.

The death rate for the first 49 weeks of the year was 11.89 per 1,000 of the population, as compared with 11.13 in the corresponding period of 1921, an increase of .75 of a point.

From January 1st to date, 75 infants under one year of age died out of every 1,000 born, as compared with 71 deaths at this age group in the corresponding period of 1921, an increase of 4 deaths per 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

B. DIPHTHERIA—Force, J. N. & M. I. Beattie. An intracutaneous test for the virulence of diphtheria bacilli in field cultures. (Am. J. Hygiene. Sept., 1922. pp. 490-526. Tables, plates.)

CANCER, DIAGNOSIS—Shaw-Mackenzie, J. A. A study in the diagnosis of cancer by means of serum reactions. (Lancet. Oct. 7, 1922. pp. 759-762.)

EYESTRAIN—Black, Nelson M. Eyestrain in industrial occupations. (Nation's Health. Nov. 15, 1922. pp. 682-684.)

MORTALITY STATISTICS—Pearl, R. & M. L. Ilsley. Preliminary discussion of the correlation between illiteracy and mortality in American cities. (Am. J. Hygiene. Sept., 1922. pp. 587-600. Tables.)

OILS—Corper, H. J. & H. Freed. The intratracheal injection of oils for diagnostic and therapeutic purposes. (A. M. A. Jour. Nov. 18, 1922. pp. 1739-1743.)

RESPIRATORY SYSTEM, DISEASES—Myers, J. A. Studies on the respiratory organs in health and disease; the significance of the vital capacity test in pulmonary, bronchial asthma, pneumonia and acute infection outside the respiratory tract. (Arch. Int. Med. Nov. 15, 1922. pp. 648-667. Tables, charts.)

SULPHARSPHENAMINE—Voegtlin, C. Sulpharsphenamine. Description of the manufacture, properties and efficacy of a certain arsphenamine derivative in the treatment of syphilis. (Public Health Rep. Nov. 10, 1922. pp. 2783-2798. Tables.)

TEETH—Noyes, F. B. The first permanent molar. Shows fallacy in the practice of extracting the first permanent molars. (A. M. A. Jour. Nov. 18, 1922. pp. 1760-1762.)

TUBERCULOSIS, PULMONARY — Britton, R. H. & E. Sydenstricker. Mortality from pulmonary tuberculosis in recent years. The variation in its course during the war and its decline since 1918. (Public Health Rep. Nov. 17, 1922. Tables.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 16	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4	Nov. 11	Nov. 18	Nov. 25	Dec. 2	Dec. 9
Total deaths	928	960	1039	1135	1085	1139	1206	1161	1326	1206	1233	1242	1259
Annual Death Rate	8 29	8.58	9.28	10.14	9.69	10.18	10.79	10 37	11.85	10 77	11 01	11.09	11.25
*Acute Infectious Diseases	22	16	19	22	22	26	20	30	25	15	24	24	22
Pul. Tuberculosis..	62	69	81	78	76	67	94	80	92	96	103	90	76
Influenza	1	1	2	2	3	2	5	5	3	9	11	11	7
Lobar Pneumonia..	25	20	25	36	41	46	42	55	86	60	86	81	65
Broncho Pneum. .	35	37	49	56	51	48	52	51	86	30	77	69	79
**Violent Deaths ...	67	69	73	71	73	68	96	76	68	80	81	77	66
Deaths under 1 year.	146	115	124	174	141	176	167	151	171	141	146	151	157
Rates per 1,000 births	58.0	45.7	49.3	69.2	56.1	70.1	66.7	60 4	68.3	56 6	58.6	60.8	63.2
Deaths under 5 years	203	180	184	237	203	222	219	208	236	192	202	225	202
" 5-65 years ...	527	567	603	649	620	636	693	643	727	681	700	699	704
" 65 years and over	198	213	252	249	262	281	296	310	363	333	331	318	352

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	251	310	247	220	265	284	235	225	144	213	230	243	248
Diphtheria	86	96	128	99	106	133	157	174	160	201	196	208	220
Measles	16	18	30	33	37	31	27	34	64	46	59	40	111
Scarlet Fever	30	34	46	57	64	62	70	80	102	99	137	120	153
Chickenpox	14	9	25	36	55	68	42	65	74	113	154	162	196
Influenza	7	11	11	18	31	21	33	41	67	45	41	43	35
Pneumonias	101	89	138	124	138	172	162	190	272	261	258	258	218
Typhoid Fever	52	22	36	33	25	25	20	18	28	24	25	16	19
Whooping Cough ...	93	116	124	124	78	86	81	97	62	83	115	75	97
Syphilis	237	251	249	353	261	327	212	267	192	273	286	285	220
Gonorrhoea	103	164	119	99	178	155	108	101	63	146	89	163	104
Poliomyelitis	7	16	15	22	12	7	10	9	18	3	6	1	6
Cerebro-spinal Meningitis	7	2	3	3	3	3	2	4	2	5	1	3	4
Total	1004	1188	1171	1221	1303	1369	1159	1300	1243	1512	1576	1657	1749

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 9, 1922.

Boroughs	Population U.S. Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	574	576	550	980	909	44	13 15	13.28	12 68
The Bronx	732,016	809,586	128	136	140	283	79	14	8.58	8 76	9.02
Brooklyn	2,018,356	2,117,227	368	425	437	917	471	36	9.24	10.47	10.77
Queens	469,042	516,688	98	91	108	196	99	10	9.75	9 19	10 80
Richmond	116,581	124,400	38	31	24	56	23	2	16 35	13 00	10.07
Total	5,620,048	5,889,788	1201	1259	1259	2432	1581	106	10.89	11.25	

*Corrected by redistributing deaths according to borough of residence.

During the first forty-nine weeks of this year there were 65,207 deaths, a rate of 11.89 per 1,000 population. During the corresponding weeks of last year there were 60,125 deaths, a rate of 11.13 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	9	33	1	4	..	26	42	9	8	3	5	30	67	90	334	152
The Bronx	1	12	..	1	..	10	7	1	1	2	.	5	13	16	83	37
Brooklyn	6	18	1	1	2	22	26	9	9	3	..	20	64	82	219	124
Queens	2	6	..	1	1	6	4	..	..	1	.	6	10	11	52	28
Richmond	..	7	..	..	..	1	..	1	..	..		..	3	3	16	12
Total	18	76	2	7	3	65	79	20	18	9	5	61	157	202	704	353

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	60	58.8	7	6 8	5	3	81	19 7	7	1.7	8	1 9
The Bronx	16	56 0	1	3.5	..	1	20	12 8	1	0.6	1	0.6
Brooklyn	68	73 1	7	7 5	3	3	86	20 3	10	2.4	5	1.2
Queens	10	53 6	..	..	..	..	12	11 6	..	....	1	1 0
Richmond	3	54.6	..	..	..	..	3	13 1	..	....	..	....
City of New York.	157	63 2	15	6 0	8	7	202	18.1	18	1.6	15	1 3

During the first forty-nine weeks of this year, 9,101 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 9,008 died, a rate of 71. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 12-2-'22	48	65	9	25	19	70	1	84	9	3	..	1	..	..	..	26		556	138	1004
Admitted	17	17	3	13	6	16	..	4	2	2	..	1	..	..	..	5		14	7	107
Discharged	8	9	2	18	8	9	..	7	2	1	..	..	..	..	..	1		14	5	79
Died	1	5	.	1		2	..	..	..	..	..	..	..	..	..	..	..	..	2	11
Rem'g 12-9-'22	56	68	10	19	22	75	1	81	9	4	..	2	..	..	..	30	..	556	138	1021
Total treated	65	82	12	38	25	86	1	38	11	5	..	2		..		31		570	145	1111

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1259	1201	655	604	157	18	27	202	26	62	206	410	352
1. Typhoid Fever	3	2	..	3	..	..	..	.	2	..	1	..	
2. Malarial Fever	..	..	..	..	..	..	..	.	.		..	..	
5. Measles	3	4	2	1	..	2	1	3	..	..			
6. Scarlet Fever	1	3	1	..	..	..	1	1	..	..		..	
7. Whooping Cough	1	1	..	1	1	..	..	1	..	..		..	..
8. Diphtheria	13	17	6	7	..	5	5	10	2	.	..	1	..
9. Influenza	7	3	2	5	1	..	..	1	..	..	2	3	1
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..	.
12. Other Epidemic Diseases	2	3	2	..	1	..	..	1	..	..	1	..	..
13. Pulmonary Tuberculosis	76	94	48	28	1	..	..	1	..	24	37	13	1
14. Tbc. Meningitis	14	7	7	7	1	2	3	6	2	1	4	..	1
15. Other forms Tbc.	6	7	4	2	..	..	..	..	3	1	1	1	..
16. Cancer, Malignant Tumor	124	108	57	67	..	..	1	1	..	..	14	64	45
17. Simple Meningitis	1	1	1	..	..	..	..	..	..	..	1	..	..
17a. Cerebro-spinal Meningitis	2	2	2	..	..	..	..	..	1	..	1	..	..
18. Apoplexy, Softening of the Brain	7	16	5	2	..	..	..	..	..	..	1	4	2
19. Organic Heart Diseases	283	253	124	159	..	..	1	1	2	3	22	114	129
20. Acute Bronchitis	3	11	1	2	3	..	..	3	..	..	..	..	..
21. Chronic Bronchitis	..	..	..	.	.	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	65	64	32	33	3	2	1	6	..	2	14	23	15
22a. Broncho Pneumonia	79	56	42	37	32	3	5	40	2	4	3	15	15
23. Other Respiratory Diseases	11	7	9	2	..	1	1	2	1	..	5	3	..
24. Diseases of the Stomach (Cancer excepted)	10	10	9	1	..	..	..	..	..	..	7	3	..
25. Diarrhoeal Diseases (under 5 years)	18	19	9	9	15	2	1	18	..	..	..		..
26. Appendicitis and Typhilitis	11	11	5	6		..	..	..	..	4	5	1	1
27. Hernia, Intestinal Obstruction	13	14	7	6	4	..	..	4	..	..	2	6	1
28. Cirrhosis of Liver	10	7	8	2		..		..		..	..	8	2
29. Bright's Disease and Nephritis	84	101	43	41	..	..	..	..	..	2	8	37	37
30. Diseases of Women (not Cancer)	4	4	..	4			..			..	4	..	..
31. Puerperal Septicaemia	..	..	..	..				..		..	..	..	
32. Other Puerperal Diseases	10	12	..	10						2	7	1	
33. Congenital Debility, and Malformations	76	65	46	30	76	..	..	76	..	..	..		..
34. Old Age	17	8	6	11								3	14
35. Violent Deaths	66	61	50	16	2	1	3	6	4	8	14	23	11
a. Sunstroke	..	..	..	..	..	..	..	..	..	..	..	..	..
b. Other Accidents	61	57	45	16	2	1	3	6	3	6	12	23	11
c. Homicide	5	4	5	..	..			..	1	2	2	..	..
36. Suicide	9	16	7	2		..				2	2	4	1
*37. All other causes	229	212	119	110	17	..	4	21	7	5	41	78	77
38. Ill-defined causes	1	7	1	..	..	..	..	..	..	..	1	..	..

Deaths in Institutions,	531	Mean temperature,	33.0 deg. Fahr
Mean barometer,	30.00	Minimum temperature,	22.0 deg. Fahr
Mean humidity,	68.0	Maximum temperature,	51.0 deg. Fahr.
Precipitation,	.81	Snow—0.6.	

†If the deaths under one month, numbering 80 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 2, Syphilis 8, Diabetes 34, Alcoholism 6, Locomotor Ataxia 0, Paresis 8, Arterio-sclerosis 63, all other congenital causes 10.

Digitized by Google

WEEKLY BULLETIN
OF THE
DEPARTMENT of HEALTH
CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. DECEMBER 23, 1922. No. 51.

LIBRARY JAN 1923

THE SIGHT CONSERVATION AND EYE CLINICS FOR CHILDREN MAINTAINED BY THE BUREAU OF CHILD HYGIENE.

Before the advent of the Department of Health's eye clinic activities, the unfortunate child who was backward in school, or possibly classed as a mental defective, due to undetected visual defects, was not uncommon.

In many such cases, there is nothing about the appearance of the eyes to indicate to the teachers or others in the school that the child has poor vision, and failure to respond in any way to a vision test is ascribed to lack of mentality.

If, by chance, this child is taken to a public eye clinic by someone suspicious of its visual acuity, the condition existing in nearly all public eye clinics is encountered, which is that the laborious refraction work is turned over to a novice or the latest clinical assistant, whose effort to prescribe glasses on skiascopy or shadow-testing alone, for this class of patient, is apt to be of but little benefit.

If the visual defect should be due to other conditions of long standing, as trachoma, corneal opacities, interstitial keratitis, etc., requiring treatment for a long period of time, especially if the treatment is painful, the child does not go to the public clinic for treatment more than a few times, because there is no one to compel it to do so. The activities of social workers, inspectors, truant officers, etc., result in, possibly, one visit to a clinic, and there their effectiveness ends, in a great majority of cases, as they are not organized to follow up this work.

The eye clinics of the Bureau of Child Hygiene of the Department of Health have developed an organization which is unique in its efficiency in caring for these cases. The staff is composed of oculists who have had many years' experience in the most difficult and laborious task—the proper refraction of the mentally dull of very young child. Glasses have been successfully prescribed for children of less than one year of age in these clinics.

In the control of patients, the far-reaching powers of the Department of Health, combined with the hearty co-operation of the Department of Education, the Police Department, and of the large number of social and charitable organizations interested in this work, forms a chain, some link of which is always in touch with the child, whether he be in school, at home or a truant on the street, thus securing the continuous treatment which could not be accomplished by other clinics.

One of the ten Department of Health eye clinics is maintained especially as a

Digitized by Google

sight conservation clinic, co-operating with the sight conservation classes in the public schools.

An example of what we do in this field of defective vision in school children recently walked into this Sight Conservation Clinic at Public School 30: A boy twelve years of age, in an ungraded class. Has eyes of perfect appearance. Has never had glasses. Sent to us as the result of our system of "combing" schools for candidates for sight conservation classes. This boy had been "sentenced" to an ungraded class because of supposed defective mentality. It is found that he has a vision of 20/70 with both eyes, and that he is suffering from a most excessive amount of astigmatism, running in one eye to over eight diopters. The glasses he has just brought in for inspection, prescribed here a few days ago, give him a vision of 20/20 with both eyes. He will now be placed in a sight conservation class, and in a few months will be up to his grade for age, thus changed from practically an idiot, so far as the public schools are concerned, to a normal child.

Another case has just come in, brought by the visiting teacher of the Borough of Brooklyn. The case is a girl, twelve years old, in the 2B grade. Has corneal opacities in both eyes, anterior polar cataract in the right eye. Strabismus convergent, and rotary nystagmus, and a high degree of compound hyperopic astigmatism and a vision of O. U. 20/200. Has been taken to several eye clinics and the mother says that she was told nothing could be done. It may or may not be true that she was told this, but nothing had been done for the child, and probably nothing would have been done (as the condition had existed for about eleven years without effective treatment) but for the Sight Conservation Clinic of the Bureau of Child Hygiene, and the co-operation of the Department of Education. There is much to be done for this child. The proper glass will improve the vision, as far as the corneal opacities will permit, and the negative galvanic treatment will slowly but surely, absorb the corneal opacities, and in a year or two this child will get a practical amount of vision, which she has not now, and never would have were it not for this work.

SOME OF THE WORK THE DIVISION OF INDUSTRIAL HYGIENE IS DOING.

At the recent Public Health Exposition at the 23rd Regiment Armory, Brooklyn, the Division of Physical Examinations, of the Division of Industrial Hygiene, had its hands full with the number of people who applied for physical examinations. Owing to lack of physicians, it was not possible to examine every applicant. However, those who were turned away were given cards to our Industrial Clinics throughout the City. The number of people examined were 105, for the week. These comprised, from the different industries, including the wives of many of the men, 67 men and 38 women. A summary of the findings follows:

Conditions Found Among Those Examined.

Hemiplegia	3
Gastritis	3
Obesity	6
Exostosis	1
Chronic Nasal Catarrh	3
Bronchitis, Acute	2
Menorrhagia	2
Urticaria	2
Diseased Tonsils	16

Digitized by Google

Epilepsy	3
Deviated Septum	3
Defective Teeth	15
Spinal Curvature	1
Acne Vulgaris	3
Pharyngitis	3
Tachycardia	2
Cancer (Breast)	2
Heart Disease	8
Scabies	3
Flat Foot	2
Nervous Disturbances	2
Mentally Deficient	2
Seborrhea	2
Digestive Disturbances	6
Goitre (Simple and Toxic)	2
Underweight	10
Pediculosis Capitis	4
Conjunctivitis	2
Nephritis	3
Urinalysis (Made on Request)	8
Wassermann Test (Made on Request)	3

Many of these cases were sent to their own physicians. When they could not afford this expense, they were referred to clinics or other agencies. One of the cancer cases was referred to a hospital, but was too far advanced for operation; the other is under treatment. Four of the urinalysis tests showed the presence of albumin or sugar.

INTERESTING CASES OF TUBERCULOSIS.

Case With Gastric Ulcers.

(Reported by Dr. H. E. Russell, Otisville Sanatorium.)

F. L., aged 51 years, a widower, born in Sweden, was admitted to the Municipal Sanatorium on April 22, 1922, for the fourth time, with the following history:

On March 11, 1915, patient entered the Sanatorium for the first time. Since November, 1914, he had frequent, small attacks of hemoptysis, with loss of weight (35 lbs.) and a positive sputum. He had crepitant rales in the right upper lobe and base; also in the left apex, being a moderately advanced case. During the six months when he was in the Sanatorium he had two attacks of hemoptysis, each lasting about a week, during which he had small frequent hemorrhages. He was discharged on September 8, 1915, weighing 194½ lbs., as a "quiescent case."

On November 23, 1916, this patient was re-admitted to the Sanatorium, after having worked at his trade for fourteen months, weighing 198½ lbs. His sputum was positive, he had a moderate cough, with scanty muco-purulent sputum and occasional "streaks." His apices and upper lobes were involved at this time. In December, 1916, he had small hemorrhages for about a week. He was discharged on March 29, 1917, marked "improved."

On September 1, 1921, four and a half years later, this patient was admitted to the Municipal Sanatorium for the third time, with the following history: He had lost 35 lbs. in nine months; he had a cough, with scanty, salivary sputum, but had much *pain in the stomach.* On examination of his chest, crepitant rales were found in the apices and upper lobes, his sputum being positive. His pain in the stomach continued, with anorexia, etc. A diagnosis of chronic gastric ulcer was

Digitized by Google

made, and the patient was sent to Bellevue Hospital on January 12, 1922. On January 25, an abdominal incision was made, and two gastric ulcers were found and very skilfully treated by the Bellevue surgeons. The patient, at this time, weighed 156 lbs. The operation was highly successful, the patient gained 30 lbs. in weight, in two months his appetite became normal and he improved in every way.

On April 22, 1922, this patient was re-admitted to the Municipal Sanatorium. He then weighed 186 lbs., he had no cough, with scanty salivary sputum.

He still has some rales in the apices and upper lobes, but has few other symptoms of tuberculosis, his sputum being negative. Notwithstanding his long and at times dangerous illness, it now looks as though this patient would make a complete recovery within a reasonable time.

Case Complicated by Histeria Minor.

(Reported by Dr. H. D. Arthur, Otisville Sanatorium.)

R. N., female, aged 38. Native of the United States. Father and mother both living, in good health except "Mother has always been a very nervous woman." Patient has done house work at home for past ten years. Previous ten years served out as a housekeeper. No tuberculosis in the family. Patient had measles and whooping cough in childhood. Has had frequent colds and, five years ago, had an attack of pneumonia. Mode of onset was a small hemorrhage five weeks previous to admission, with pain in left-lower axillary region. Diagnosed pulmonary tuberculosis two weeks previous to admission.

On admission, did not cough or raise anything. Had lost considerable weight. "Heavy," painful feeling in lower left axilla. Endurance poor. Appetite fair, but digestion poor. Some palpitation of heart, but no lesion found. Not especially nervous at time of admission. General appearance: tall, emaciated, pale. No temperature. Pulse ranged, 1st month, 80 to 120; 2nd month and 3rd month, 90 to 100; 4th month, 80 to 90. Weight on admission, 99¾ lbs. December 1, 1921, weighed 117. January 1, 1922, weighed 128½. March 1, 128½. May 1, 1922, weighed 122½. Lost 6 lbs. past two months.

On admission she had a positive sputum. On May 1, it was negative. There was a good average improvement in this patient from time of admission to March 1, both in physical signs and symptoms. Diagnosed, on admission, as in stage II-B. On March 1, her condition would be classed as stage I-A.

Patient was of the worrying type and, despite the encouragement given her by the examining physician, had constant apprehension concerning her condition. Word was received by patients and circulated, of the death of several who had returned to the city during the winter. This news increased her anxiety, and it soon became an actual fear. Her appetite failed, and she lost 6 lbs., to May 1. Physical signs: slight infiltration of both apices, extending into right upper lobe, and a few moist rales, heard in middle and lower right lobe.

For the past two months the patient has developed nervous symptoms, undoubtedly induced by the emotional factors of anxiety and fear. The symptoms apparent are insomnia, tickling and choking in throat, as if a ball was blocking up the passage and interfering with swallowing (globus hystericus), attacks of trembling and chilly feelings. Vaso-motor instability, manifested by heat and burning of extremities. Attacks of nausea and headache. She also complains of those morbid general sensations (paraesthesiae), such as numbness of limbs; a feeling as if insects were crawling over her legs and arms. She is, at times, depressed and cries easily. Dreams when she is asleep of home and domestic affairs. Complains of weariness, exhaustion and, at times, an "all gone" feeling on one side of

Digitized by Google

body, especially at night. In fact, all symptoms are worse at night. During the day she appears much as usual.

The unusualness of this case is the development of these psycho-neurotic symptoms at the time of the continued improvementt of patient's pulmonary tuberculosis, a gradual but marked improvement from that of "Moderately Advanced" to a minimal condition.

Hysteria minor occurs under stress with, generally, a strong neurotic taint in the makeup of the patient. It may be episodical and the patient completely recover from it, or it may pass into the major type and become chronic. The neurotic taint is important. It predisposes the patient to the condition.

The life of this patient was a quiet one and uneventful. No stress of any kind had affected her until the development of the tuberculosis. Had this not occurred, her chances of going through the rest of life free from any nervous trouble was good. The tuberculosis was the exciting factor. It remains to be seen what, if any, serious effect the nervous condition will have upon the lung disease.

MORTALITY BULLETIN FOR THE WEEK ENDING DECEMBER 16, 1922.

The mortality during the week took a considerable jump over that of the immediately preceding week, there having been 1,403 deaths reported and a rate of 12.53 as compared with 1,259 deaths and a rate of 11.25, an increase of 144 deaths and of 1.28 of a point. It was also much higher than in the corresponding week of 1921 in which 1,246 deaths were reported and a rate of 11.30 per 1,000 of the population.

The outstanding feature of the increased mortality was the large number of deaths, comparatively, reported from pneumonia, 206 deaths from this cause being reported during the week as compared with 132 in the corresponding week of 1921, an increase of 74. Cancer, as always, showed an increased mortality, 133 deaths being reported from this cause as compared with 106, an increase of 27. All other causes than those specified in the accompanying table also showed a very much increased mortality, there having been 325 deaths reported therefrom as compared with 252, an increase of 73. The contagious diseases of childhood showed approximately similar mortality as in the corresponding week of 1921. There were 79 deaths reported from tuberculosis as compared with 90, a decrease of 11. The mortality from organic heart and kidney diseases was exactly the same during the two weeks under comparison.

Viewed from the point of age grouping, the mortality among infants under one year of age was considerably in excess of the number in 1921, there having been 194 deaths reported as compared with 166, an increase of 28; between one and five years of age there was a much decreased mortality, 54 deaths having been reported as compared with 79, a decrease of 25, so that the entire age group under five years of age showed an increased mortality of 3 deaths; between five and sixty-five years of age there were 802 deaths reported as compared with 692 an increase of 110, and at ages sixty-five years and over there were 353 deaths reported as compared with 309, an increase of 44.

The death rate for the first 50 weeks of the year was 11.91 per 1,000 of the population as compared with a rate of 11.14 in the corresponding period of 1921, an increase of .77 of a point.

From January 1st to date 75 infants under one year of age died out of every 1,000 born as compared with 71 deaths at this age group during the corresponding period of the year 1921, an increase of 4 deaths per 1,000 births reported.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY
3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

CANCER—Mortality from cancer in the United States, 1921. (Public Health Rep. Nov. 25, 1922. pp. 2899-2901. Tables.)

CANCER—MacCarty, W. C. Does cancer arise in chronic gastric ulcer? (A. M. A. Jour. Dec. 2, 1922. pp. 1928-1929.)

DIABETES—Strouse, S. Balancing the diabetic diet. (A. M. A. Jour. Dec. 2, 1922. pp. 1899-1900.)

HEALTH DEPARTMENT—Kelley, E. R. and others. Symposium on the next step for state health departments. (Am. J. Pub. Health. Dec., 1922. pp. 995-1015.)

INFANT FEEDING—Hill, L. W. Chronic intestinal indigestion during the second and third years of childhood. (Bos. M. & S. J. Nov. 30, 1922. pp. 777-781.)

INFANT MORTALITY—Woodbury, R. [illegible] The relation between breast and artificial feeding and infant mortality (Am. Hygiene. Nov., 1922. pp. [illegible] Table.)

PROTEIN SENSITIZATION—Ward, J. [illegible] Protein sensitization, the common factor in whooping cough, asthma, hay fever and influenza. (Archives of Pediatrics. November, 1922. pp. 730-736.)

RICKETS—Findlay, L. and others. Discussion on the etiology of rickets. (Brit. Med. J. Nov. 4, 1922. pp. 847-858.)

TEETH—Black, A. D. What teeth should be extracted? (A. M. A. Jour. Dec. 2, 1922. pp. 1891-1894.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 23	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4	Nov. 11	Nov. 18	Nov. 25	Dec. 2	Dec. 9	Dec. 16
Total deaths	960	1039	1185	1085	1139	1208	1161	1826	1206	1288	1242	1259	1488
Annual Death Rate	8.58	9.28	10.14	9.69	10.18	10.79	10 87	11.85	10 77	11.01	11.09	11.25	12.59
*Acute Infectious Diseases	16	19	22	22	26	20	30	25	15	24	24	28	39
Pul. Tuberculosis..	69	81	78	76	67	94	80	92	86	103	90	76	7[illegible]
Influenza	1	2	2	3	2	5	5	3	9	11	11	7	[illegible]
Lobar Pneumonia..	20	25	36	41	46	42	55	86	60	86	81	65	191
Broncho Pneum. ..	37	49	56	51	48	52	51	86	80	77	69	79	135
**Violent Deaths ...	69	78	71	78	68	96	76	68	80	81	77	66	7[illegible]
Deaths under 1 year.	115	124	174	141	176	167	151	171	141	146	151	157	19[illegible]
Rates per 1,000 births	45.7	49.8	69.2	56.1	70.1	66.7	60.4	68.3	56.6	58.6	60.8	63.2	7[illegible]
Deaths under 5 years	180	184	237	203	222	219	208	236	192	202	225	202	2[illegible]
" 5-65 years ...	567	603	649	620	636	693	643	727	681	700	699	704	60[illegible]
" 65 years and over	213	252	249	262	281	296	310	363	333	331	318	353	35[illegible]

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	310	247	220	265	284	235	225	144	213	230	243	248	26[illegible]
Diphtheria	96	128	99	106	133	157	174	160	201	196	208	220	17[illegible]
Measles	18	30	33	37	31	27	34	64	46	59	40	111	12[illegible]
Scarlet Fever	34	46	57	64	62	70	80	102	99	137	120	153	20[illegible]
Chickenpox	9	25	36	55	63	42	65	74	113	154	162	196	23[illegible]
Influenza	11	11	18	31	21	33	41	67	45	41	43	35	4[illegible]
Pneumonias	89	138	124	188	172	162	190	272	261	288	258	318	29[illegible]
Typhoid Fever	22	36	33	25	25	20	13	28	24	25	16	19	1[illegible]
Whooping Cough ...	116	124	124	78	86	81	97	62	83	115	75	97	7[illegible]
Syphilis	251	249	353	261	327	212	267	192	273	235	325	288	35[illegible]
Gonorrhoea	164	119	99	178	155	108	101	63	146	89	163	104	13[illegible]
Poliomyelitis	16	15	22	12	7	10	9	13	3	6	1	6	[illegible]
Cerebro-spinal Meningitis	2	3	3	3	3	2	4	2	5	1	3	4	[illegible]
Total	1138	1171	1221	1303	1369	1159	1300	1243	1512	1576	1657	1749	191[illegible]

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 16, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	591	649	621	888	294	50	13 54	14 91	14 26
The Bronx	782,016	809,536	125	150	146	288	92	15	8.38	9 67	9 41
Brooklyn	2,018,356	2,117,227	405	462	481	826	310	51	10 17	11 33	11 80
Queens	469,042	516,683	84	99	120	224	82	7	8 70	10 00	12 11
Richmond	116,531	124,400	41	43	35	43	17	1	17 66	18 04	14 68
Total	5,620,048	5,839,788	1246	1403	1403	2269	745	124	11 30	12.53	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty weeks of this year there were 66,610 deaths, a rate of 11.91 per 1,000 population. During the corresponding weeks of last year there were 61,371 deaths, a rate of 11.14 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoel Diseases, all ages	Diarrhoeal Diseases under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	14	32	..	4	..	41	46	13	12	4	2	36	87	119	387	143
The Bronx	2	18	..	1	..	6	10	1	1	1	1	6	18	14	98	88
Brooklyn	3	10	..	1	8	47	37	8	7	7	1	23	73	86	235	141
Queens	..	9	..	..	..	6	9	..	..	1	..	6	15	19	56	24
Richmond	2	10	..	..	..	2	3	1	1	..	..	2	6	10	26	7
Total	21	79	..	6	8	101	105	23	21	13	4	73	194	248	802	358

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: Deaths	Under 1 Year of Age: Diarrhoel Diseases: Rate per 1,000 Births	Under 1 Year of Age: Diarrhoel Diseases: In Institutions	Under 1 Year of Age: Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Diarrhoeal Diseases	Under 5 Years of Age: Rate per 1,000 Living	Under 5 Years of Age: Epidemic Diseases	Under 5 Years of Age: Rate per 1,000 Living
Manhattan	79	77 0	10	9 7	6	5	110	26 8	11	2 7	13	3 2
The Bronx	16	55 9	1	3.5	..	1	17	10 9	1	0.6	1	0.6
Brooklyn	74	79 7	6	6 5	1	5	87	20 5	7	1.6	1	0.2
Queens	18	96 3	..	..	..	..	23	22 2	..	..	..	..
Richmond	7	127 8	1	18.3	..	..	11	48.1	2	8 7	2	8.7
City of New York.	194	78 1	18	7 2	7	11	248	22 2	21	1.9	17	1.5

During the first fifty weeks of this year, 9,295 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 9,174 died, a rate of 71. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Willard Parker Hospital: Diphtheria	Willard Parker Hospital: Measles	Willard Parker Hospital: Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Kingston Ave. Hospital: Diphtheria	Kingston Ave. Hospital: Measles	Kingston Ave. Hospital: Miscellaneous	Queensboro Hospital: Scarlet Fever	Queensboro Hospital: Diphtheria	Queensboro Hospital: Measles	Queensboro Hospital: Miscellaneous	Riverside Hospital: Scarlet Fever	Riverside Hospital: Diphtheria	Riverside Hospital: Measles	Riverside Hospital: Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Tuberculosis Pulmonary: Otisville Sanitor.	Tuberculosis Pulmonary: Riverside Hospital	Grand Total
Rem'g 12-9-'22.	56	68	10	19	22	75	1	81	9	4	..	2	..	..	..	30		563	138	1028
Admitted	24	20	4	6	8	9	..	6	3	1	..	1	..	..	..	2		11	11	106
Discharged	5	9	3	15	4	10	..	3	1	3	..	1	..	..	..	2		15	.	71
Died	1	1	2	.		1	..	..	..	..	..	..	..	..	..	..	..	..	3	8
Rem'g 12-16-'22.	74	78	9	10	26	73	1	84	11	2	..	2	..	..	..	30	..	559	146	1055
Total treated	80	88	14	25	30	84	1	87	12	5	..	3		..		32		574	149	1134

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65	65 and Over
All causes	1403	1246	720	683	194	28	26	248	44	58	226	434	487
1. Typhoid Fever	2	2	1	1	..	..	..	..	..	..	1	1	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	3	4	..	3	1	2	..	3	..	..	..	..	..
6. Scarlet Fever	2	2	1	1	1	..	..	1	1	..	..	..	..
7. Whooping Cough	2	8	..	2	1	1	..	2	..	..	..	..	..
8. Diphtheria	14	13	9	5	4	2	5	11	3	..	..	..	..
9. Influenza	6	5	4	2	1	..	..	1	..	1	1	2	1
Poliomyelitis	1	1	..	1	..	..	..	..	1	..	..	..	..
12. Other Epidemic Diseases	6	4	3	3	2	..	..	2	..	..	1	2	1
13. Pulmonary Tuberculosis	79	90	41	38	..	..	..	..	..	15	36	25	3
14. Tbc. Meningitis	7	8	3	4	..	1	5	6	1	..	..	..	..
15. Other forms Tbc.	7	10	3	4	..	..	1	1	1	1	2	1	1
16. Cancer, Malignant Tumor	188	106	56	77	..	..	..	..	..	3	20	55	55
17. Simple Meningitis	2	3	2	..	..	..	..	..	1	1	..	..	..
17a. Cerebro-spinal Meningitis	..	2	..	..	..	..	..	..	..	..	..	..	..
18. Apoplexy, Softening of the Brain	7	18	3	4	1	..	..	1	..	..	..	3	3
19. Organic Heart Diseases	287	290	149	138	1	..	1	2	3	6	25	130	121
20. Acute Bronchitis	8	9	3	5	4	..	..	4	1	..	..	2	1
21. Chronic Bronchitis	4	1	2	2	..	..	..	..	..	..	..	2	2
22. Lobar Pneumonia	101	62	60	41	11	2	2	15	..	10	26	29	21
22a. Broncho Pneumonia	105	70	50	55	43	13	3	59	1	..	6	17	22
23. Other Respiratory Diseases	6	9	3	3	1	..	2	3	..	1	1	..	1
24. Diseases of the Stomach (Cancer excepted)	7	9	6	1	..	..	..	..	..	..	5	2	
25. Diarrhoeal Diseases (under 5 years)	21	22	11	10	18	3	..	21	..	..	.		
26. Appendicitis and Typhilitis	23	16	14	9	..	..	..	..	3	3	7	6	4
27. Hernia, Intestinal Obstruction	12	12	7	5	1	..	..	1	2	..	1	3	1
28. Cirrhosis of Liver	7	9	3	4	..	..	.	..		..	1	4	2
29. Bright's Disease and Nephritis	91	89	44	47	1	..	..	1	2	1	11	44	32
30. Diseases of Women (not Cancer)	4	6	..	4		.	..			..	4	..	
31. Puerperal Septicaemia	3	1	..	3	.	..	..	.		..	3	.	
32. Other Puerperal Diseases	7	16	..	7	..	..	..		.	2	5	..	
33. Congenital Debility, and Malformations	86	76	48	38	85	1	..	86	..	..	.		
34. Old Age	17	6	4	13	..	..	..	..	..	..	..	..	17
35. Violent Deaths	77	67	51	26	2	..	3	5	11	4	26	16	15
a. Sunstroke	..	..	..	..	..	..	..	..	..	..			
b. Other Accidents	73	58	49	24	2	..	3	5	11	2	24	14	17
c. Homicide	4	9	2	2	..			..	..	2	2	..	
36. Suicide	13	16	11	2				..		1	3	3	
*37. All other causes	253	110	128	125	16	3	4	23	11	9	43	32	7
38. Ill-defined causes	..	4	..	..	..	..	..	..	..	..	..	..	

Deaths in Institutions,	620	Mean temperature,	32.1 deg. Fa
Mean barometer,	30.08	Minimum temperature,	21.0 deg. Fa
Mean humidity,	65.5	Maximum temperature,	43.0 deg. F.
Precipitation,	.81	Snow—3.2.	

†If the deaths under one month, numbering 90 from all causes, be deducted from the to deaths under one year, the resulting rate will be 42 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 5, Syphilis 8, Diabetes 25, Alcoholism 5, Locomotor Ata 2, Paresis 10, Arterio-sclerosis 78, all other congenital causes 7.

25a-2033-19-0℃

Digitized by Google

WEEKLY BULLETIN

OF THE

DEPARTMENT of HEALTH

CITY OF NEW YORK

Public health is purchasable. Within natural limitations a community can determine its own death rate.

Published weekly by the Department of Health, City of New York, 505 Pearl St., New York, N. Y. Entered as Second-Class matter October 16, 1917, at the Postoffice at New York, N. Y. Under Act of March 3, 1879. Subscription, 10 cents per annum.

ROYAL S. COPELAND, M. D., Commissioner of Health.

NEW SERIES, Vol. XI. DECEMBER 30, 1922. No. 52

RENEW YOUR SUBSCRIPTION.

Persons, other than physicians resident of the Greater City, whose subscriptions to the Weekly Bulletin expire with the current year should send the necessary remittances to the Department at once. Physicians of the Greater City, public authorities specially concerned, and certain other agencies interested in public health work, receive the Bulletin free of charge.

As has been previously noted, the sole reason for making any charge is the ruling of the Post Office that only publications with a paid subscription list can secure pound postage rates.

ADVERTISEMENTS RELATING TO VENEREAL DISEASE PROHIBITED BY STATE LAW.

It has been noticed that a few newspapers, trade journals, and directories published in this city carry advertisements of remedies for genito-urinary affections, in violation of the following State law:

> General Laws of New York (1917. Page 629). ARTICLE 106. 1142-a. Advertisements relating to certain diseases prohibited. Whoever publishes, delivers or distributes or causes to be published, delivered or distributed in any manner whatsoever an advertisement concerning a venereal disease, lost manhood, lost vitality, impotency, sexual weakness, seminal emissions, varicocele, self-abuse, or excessive sexual indulgence and calling attention to a medicine, article or preparation that may be used therefor or to a person or persons from whom or an office or place at which information, treatment or advice relating to such disease, infirmity, habit or condition may be obtained, is guilty of a misdemeanor and upon conviction thereof shall be punished by imprisonment for not more than six months, or by a fine of not less than fifty dollars nor more than five hundred dollars, or by both such fine and imprisonment. This section, however, shall not apply to didactic or scientific treatises which do not advertise or call attention to any person

Digitized by Google

or persons from whom or any office or place at which information, treatment or advice may be obtained, nor shall it apply to advertisements or notices issued by any incorporated hospital or a licensed dispensary or by a municipal board or department of health or by the department of health of the state of New York.—(Added By-Laws 1917, ch. 487, 1. In effect Sept. 1, 1917.)

Anyone noticing advertisements in violation of the above law should notify either the District Attorney or the Department of Health.

DOCTORS AS SUCKERS.

"One of the definitions of the word 'sucker' found in Webster's Dictionary is 'A person easily duped.' Therefore, this opprobrious term may be used in English composition. Whether it may be applied to doctors may be open to debate, but it is a fact that physicians and clergymen are quite generally believed to be easy marks for unscrupulous vendors of stocks and often become the victims of schemers who hold out alluring promises of fabulous returns from alleged investments.

"The inspiration for these remarks is found in a circular forwarded by a prominent member of the profession, with the suggestion that a brief discussion of the pitfalls prepared for the unwary may be in order. This circular is printed on good paper and sets forth that the recipient is invited by a Board of Directors to indicate his interest by signing a card which suggests that 'You may favor me with details of this enterprise at your convenience.' Among the list of directors may be found the names of men with imposing scientific, business, and literary titles and associations.

"As usual, the advertised corporation has been formed for the purpose of manufacturing a product according to a process which places it at an advantage over all competitors. The implied suggestion is that investors in the stock will secure enormous profits. We hope that those physicians with the gambling fever, who have been led to invest, will realize large returns, but we would like to suggest that in the future the rule should be adopted of making a careful analysis of opportunities for investment before parting with hard-earned money.

"Too many young physicians put money into unsound enterprises with the hope of large profits. We contend that sick people should always consult expert advisers. In turn, physicians should consult business experts when they have money to invest. The speculators and plungers, as a rule, do not succeed financially. The man who puts his money in savings banks and government bonds will, in ninety-nine cases out of one hundred, be better off when he reaches sixty years of age than the man who responds to alluring circulars. If one cares to go beyond absolutely safe investments, let him go to a house with an established reputation for prudence and business sagacity. Even then the man who invests in stocks is very fortunate if he never suffers loss. Finance is an intricate and complicated problem and some of its most brilliant exponents have suffered great reverses.

"Our advice to the doctor is to play the financial game safe and spend energy in the practice of medicine, exercise business acumen in collecting accounts and invest only in recognized sound securities. Careful attention to the practice of medicine, coupled with industry, will almost invariably bring larger returns than speculation. Avoid the danger of loss with its attendant distracting anxiety. Do not enter the sucker class."—(*Boston Medical Journal,* Dec. 7, 1922.)

Digitized by Google

ANNUAL REPORT OF THE U. S. PUBLIC HEALTH SERVICE.

The annual report of the Surgeon General of the Public Health Service of the United States for the fiscal year ended June 30, 1922, has just been issued. The report covers the work of the one hundred and twenty-fourth year of the existence of the Service.

The Public Health Service is the Federal agency charged with the protection of the health of the people of the United States. It guards against the introduction of communicable diseases from foreign countries and the spread of these diseases from State to State, and it co-operates with State and local health departments in the suppression of epidemics and the correction of conditions affecting health which might become a menace to the nation.

The many activities of the Public Health Service during the year are described in the report, including, among others, the study of diseases of man for the purpose of finding effective means for the control of preventable diseases; studies in industrial hygiene and in the pollution of streams and the disposal of human excreta. Rural sanitation is said to be one of the most productive and economical of the co-operative functions of the Public Health Service from the standpoint of measurable results.

One of the scientific accomplishments of the year is the development of a new gas for the fumigation of vessels for the destruction of disease-bearing insects and vermin without injury to vessel or cargo.

The necessity for, and the value of, work for the control of venereal diseases have been demonstrated, and research work is in progress which gives promise of greatly improved methods of treatment, particularly in the case of certain late manifestations of syphilis.

Threatened outbreaks of plague in several localities have been controlled, and the importation of yellow fever from Central and South America has been prevented.

A feature which has attracted popular attention is the giving of advice by wireless to ships at sea by medical officers of the Public Health Service as to the care of seamen or passengers who may be injured or ill. This service has been helpful to ships which do not carry physicians.

Public health information has been sent out to the public from a number of broadcasting stations. This service has been developed with very little expense to the Government.

INTERESTING CASES FROM THE RECORDS OF THE DEPARTMENT OF HEALTH.

Case of Herpes Ophthalmicus.

(Reported by Dr. E. E. Schierge, Otisville, Sanatorium)

T. L., born in Ireland, 32 years of age, a stock clerk by occupation, was admitted to the Municipal Sanitarium at Otisville September 15, 1921.

Family history negative, regarding tuberculosis. On examination he was found to have pulmonary tuberculosis (moderately advanced B), sputum positive. The chest examination showed infiltration of the apices, extending into the left upper lobe. Symptoms on admission were slight cough and expectoration. Weight, on admission, was 142½ pounds; patient states his greatest weight before he was sick was 198 pounds.

Patient did very well until January 6, 1922, having gained 17½ pounds and his symptoms practically disappeared. On January 6th his temperature began to

Digitized by Google

go up, and he complained of very severe neuralgic pains on the right side of the head, over that portion supplied by the ophthalmic division of the fifth nerve; the temperature reached 103° F. January 9, and continued high, with slight morning remissions, until January 13, when it dropped to normal and remained so, with slight variations. On January 9, vesicles appeared over the painful area, and the right upper eye lid; they became opaque and crusts formed in a few days. On January 12, crusts had formed on the right upper eye lid; the lids of both eyes were swollen, and the eyes closed; about two days later, the eye lids became less swollen and the eyes began to open, and photophobia was noticed in the right eye; the patient could not stand the light at all. The pain, which had decreased slightly, became more severe, especially in the supraorbital and temporal regions on the right side.

On examination the left eye was found normal. The right eye was found to have a diffuse keratitis and a small vesicle on the cornea; also an irido-cyclitis.

The keratitis cleared up in about ten days, but the irido-cyclitis persisted, and was very painful up to the time the patient was transferred to New York City, February 4, 1922. The scabs had nearly all dropped off, and scars remained.

Psychosis Complicating Measles.

(*Reported from the Kingston Avenue Hospital for Contagious Diseases.*)

History: Boy, 6½ years old, admitted to the hospital on March 25.

F. H.—Negative.

Family history was negative. Patient had broncho-pneumonia at the age of 3 years, with complete recovery; varicella at the age of 4, and recovered with no sequelae; broncho-pneumonia in January, 1922, complete recovery; otitis media in January, 1922.

Present illness began a week before admission to the hospital, with slight fever. Patient's condition became worse for the following three days; a doctor was called, and a diagnosis of measles was made. The rash appeared next day, and the fever began to subside, gradually, until it was practically gone, on March 24. On the morning of March 25, the temperature again rose to 102° F. and the patient fell into a comatous state, and at about 9 A. M. of the same day, he was seized with general convulsions of a clonic and tonic type.

On admission, physical examination discloses a well-developed boy, in semi-comatous state; does not react to surroundings; does not resist examination; does not co-operate with examiners.

Skull: Macewen's sign present.

Neck: Moderate antero-posterior rigidity.

Pupils: Widely dilated; react to light.

Heart and Lungs: Practically negative.

Extremities: No paralysis; no deformity; no rigidity.

Skin: Generalized maculo-papular eruption of ecchymotic type.

Reflexes: Pupilary present; knee jerk, hyperactive; moderate double Kernig; neck Brudzinski suggestive; no Babinski; no ankle clonus; no Oppenheimer.

Patient is extremely excitable, restless, constantly standing up in his crib, trying to climb out, tossing about, screaming out incoherent words; does not answer questions, gazing wildly at those about him and not recognizing anyone. He continued in this state the entire day—unconscious of the surroundings and uninfluenced by sedatives.

On March 26, patient's condition is decidedly changed; he remained quiet the entire day and night; neck, slightly painful, and slightly resistant to manipulation.

Neck-Brudzinski: doubtful; Macewen's sign present. Pupils equal, react; right knee jeck, plus plus; left absent.

Digitized by Google

Mentality is greatly changed; patient tries to answer questions, which he does in somewhat incoherent manner, after saying words unrelated to the subject. He knows fairly well those about him, recognizes the doctor who admitted him; he thinks he is in his home, knows his name and address.

On March 28 still appears irrational, restless; he knows he is not in normal state, but cannot correct himself; he cannot connect the happenings of the last few days. On March, 30 patient is still peculiar in many respects; sleeps in his night slippers; throws oranges at the other patients; climbs on the wall; says he wishes to go home because he could "have more fun at home"; complains of ear ache and says that one ear has to be cut off. Memory is good. He remembers that he was examined yesterday.

On April 2, still irrational, talks to himself, answers questions rationally only occasionally, gesticulates. On April 4, mastoidectomy was performed. On April 5, the boy is rational in every respect. On April 15, his mentality is clear, knows all about him, memory perfect, knee jerk is slightly hyper-active, all other reflexes normal, condition satisfactory for discharge.

Particular Clinical and Laboratory Findings: Temperature on admission 104° F., came down to normal on March 30, and remained normal until April 2, when the otitis media began; temperature then rose to 102°, and came down to normal on April 6, after the mastoidectomy.

Urine was negative.

Spinal Fluid: Clear fluid under pressure; globulin negative; sugar 3-plus.

Cells, none. Bacteriology, negative.

Patient was discharged, on April 15, in perfect physical and mental condition.

Conclusions: This was, apparently, a case of acute psychosis or acute encephalitis, (if you wish), complicating measles. It is true that it is one of the rarest complications in acute infectious diseases, but when we search the literature closely, we come across records of psychosis either following or complicating acute infectious disease. In the measles record of 1922, the Kingston Avenue Hospital has on record two such cases, one of which we report here.

MORTALITY BULLETIN FOR WEEK ENDING DECEMBER 23, 1922.

The most prominent feature of the week's mortality was two-fold in character, one the very heavy increase in the number of deaths from the organic heart and kidney diseases to which were accredited 449 deaths, as compared with 375 in the corresponding week of 1921, an increase of 74, and the increase in the deaths from the pneumonias 183 deaths having been reported during the week, as compared with 158 in the corresponding week of 1921, an increase of 25. As usual the deaths reported from cancer were somewhat in excess of 1921, there having been 120 deaths reported during the week, as compared with 114, an increase of 6. The increased mortality from these causes presupposes to a considerable extent an increase in the deaths among adults and old people.

We find that among adults and old people there were 132 more deaths during the week than in the corresponding week of 1921. At the beginning of life we find an increase, there having been reported 190 deaths of infants under one year of age, as compared with 179, an increase of 11. The only age group at which we find a decreased mortality during the week is that between one and five years of age, there having been 57 deaths reported, as compared with 80, a decrease of 23.

Worthy of note is the decreased mortality during the week from diphtheria, there having been only 9 deaths reported, as compared with 20, a decrease of 11, the mortality from the other infectious diseases being very low indeed and approximating the experience of 1921.

The death rate for the first 51 weeks of the year was 11.92, as compared with a rate of 11.15 in the corresponding period of 1921, an increase of .77 of a point. It is fair to assume that the mortality for the year 1922 will be in excess of that of 1921 from three-fourths to two-fifths of a point in the rate.

From January 1st to date, 75 infants out of every 1,000 born died under one year of age, as compared with 71 deaths in the corresponding period of 1921, an increase of 4 deaths in every 1,000 births.

Digitized by Google

PUBLIC HEALTH DIVISION of the MUNICIPAL REFERENCE LIBRARY.

3rd Floor, 505 Pearl Street

Open to the general public for reference use.

Material will be loaned to persons on the payroll of the City.

ASTHMA—Huber, H. L. & K. K. Koessler. The pathology of bronchial asthma. (Arch. Int. Med. Dec. 15, 1922. pp. 689-760. Plates.)

BOTULISM—Meyer, K. F. & B. J. Dubovsky. The distribution of the spores of b. botulism in the United States. (J. Infec. Diseases. Dec., 1922. pp. 559-594.)

CARDIAC DISEASE—St. Lawrence, W. The family association of cardiac disease, acute rheumatic fever, and chorea. (A. M. A. Jour. Dec. 16, 1922. pp. 2051-2055.)

INFANT FEEDING—Grules, C. G.—Uncounted factors in infant feeding. (A. M. A. Jour. Dec. 9, 1922. pp. 1967-1970.)

PRE-SCHOOL AGE—Rand, W. Behavior problems with the pre-school child. (The Pub. Health Nurse. Dec., 1922. pp. 623-627.)

OCCUPATIONS, DISEASES & HYGIENE—Best, W. Progress in industrial health; ideas and impressions of a nurse gleaned from the 1922 Congress of the National Safety Council at Detroit. (Hosp. Management. Dec., 1922. pp. 68-72.)

PNEUMONIA—Conner, L. A. Experience in a New York hospital with the treatment of lobar pneumonia by a serum-free solution of pneumococcus antibodies. (Am. J. Med. Sc. Dec., 1922. pp. 832-846.)

PUBLIC HEALTH—Hubbard, S. D. The law and the concern of public health. (N. Y. Med. J. & Med. Rec. Dec. 20, 1922. pp. 711-715.)

SCARLET FEVER—Diehl, H. S. and W. P. Shepard. A scarlet fever epidemic in an agricultural school. (A. M. A. Jour. Dec. 16, 1922. pp. 2079-2084.)

VITAL STATISTICS—CITY OF NEW YORK

Deaths, and Annual Death Rate Per 1,000; Deaths According to Certain Causes and Ages; Deaths and Death Rate Under One Year Per 1,000 Births For Thirteen Weeks

	Sept. 30	Oct. 7	Oct. 14	Oct. 21	Oct. 28	Nov. 4	Nov. 11	Nov. 18	Nov. 25	Dec. 2	Dec. 9	Dec. 16	Dec. 23
Total deaths	1089	1185	1085	1189	1208	1161	1826	1206	1288	1242	1259	1403	1452
Annual Death Rate	9.28	10.14	9.69	10.18	10.79	10 37	11.85	10.77	11 01	11.09	11.25	12.53	12.97
*Acute Infectious Diseases	19	22	22	26	20	30	25	15	24	24	28	28	27
Pul. Tuberculosis..	81	78	76	67	94	80	92	86	108	90	76	79	90
Influenza	2	2	8	2	5	5	8	9	11	11	7	6	4
Lobar Pneumonia..	25	36	41	46	42	55	86	60	86	81	65	101	100
Broncho Pneum. ..	49	56	51	48	52	51	86	80	77	69	79	105	93
**Violent Deaths ...	73	71	73	68	96	76	68	80	81	77	66	77	84
Deaths under 1 year.	124	174	141	176	167	151	171	141	146	151	157	194	189
Rates per 1,000 births	49.8	69.2	56.1	70.1	66.7	60 4	68.8	56.6	58.6	60.8	63.2	78.1	76.4
Deaths under 5 years	184	237	203	222	219	208	236	192	202	225	202	248	247
" 5-65 years ...	603	649	620	686	693	643	727	681	700	699	704	802	825
" 65 years and over	252	249	262	281	296	310	363	333	331	318	353	353	380

*"Acute Infectious Diseases" include Typhoid Fever, Scarlet Fever, Measles, Diphtheria, Whooping Cough, Smallpox and Cerebro-spinal Meningitis.
**Does not include suicides.

Cases of Reportable Infectious Diseases.

Tuberculosis	247	220	265	284	235	225	144	218	230	243	248	245	201
Diphtheria	128	99	106	133	157	174	160	201	196	208	220	173	226
Measles	80	33	37	31	27	34	64	46	59	40	111	121	137
Scarlet Fever	46	57	64	62	70	80	102	99	137	120	153	206	192
Chickenpox	25	36	55	63	42	65	74	113	154	162	196	224	225
Influenza	11	18	31	21	33	41	67	45	41	43	35	43	54
Pneumonias	138	124	188	172	162	190	272	261	288	258	318	386	358
Typhoid Fever	36	33	25	25	20	13	28	24	25	16	19	19	9
Whooping Cough ...	124	124	78	86	81	97	62	83	115	75	97	77	82
Syphilis	249	353	261	327	212	267	192	273	235	325	238	255	272
Gonorrhoea	119	99	178	155	108	101	63	146	89	163	104	152	142
Poliomyelitis	15	22	12	7	10	9	13	3	6	1	6	6	5
Cerebro-spinal Meningitis	3	3	3	3	2	4	2	5	1	3	4	4	3
Total	1171	1221	1303	1369	1159	1300	1243	1512	1576	1657	1749	1911	1906

Digitized by Google

Mortality Summary for the Week Ending Saturday Noon, December 23, 1922.

Boroughs	Population U.S.Census Jan. 1, 1920	Population Estimated July 1, 1922	Deaths 1921	Deaths 1922	Deaths *Corrected 1922	Births	Marriages	Still-births	Death Rate 1921	Death Rate 1922	Death Rate Corrected 1922
Manhattan	2,284,103	2,271,892	598	670	627	914	463	44	13 70	15 89	14 40
The Bronx	732,016	809,536	151	158	165	250	42	22	10.12	10.18	10 63
Brooklyn	2,018,356	2,117,227	448	498	515	983	282	40	11.25	12 15	12 89
Queens	469,042	516,633	107	93	110	156	140	3	11.22	9.39	11 10
Richmond	116,581	124,400	28	33	35	42	4	1	12 05	16 94	14 68
Total	5,620,048	5,889,788	1332	1452	1452	2345	931	110	12 08	12.97	

*Corrected by redistributing deaths according to borough of residence.

During the first fifty-one weeks of this year there were 68,062 deaths, a rate of 11.92 per 1,000 population. During the corresponding weeks of last year there were 62,703 deaths, a rate of 11.15 per 1,000 population.

Deaths by Principal Causes; and Ages

Boroughs	Contagious Diseases detailed elsewhere	Pulmonary Tuberculosis	Cerebro-spinal Meningitis	Influenza	Acute Bronchitis	Lobar Pneumonia	Broncho Pneumonia	Diarrhoal Disease, all ages	Diarrhoal Disease under 5 years	Suicides	Homicides	Accidents	Under 1 year	Under 5 years	5-65 years	65 years and over
Manhattan	12	42	1	3	1	46	43	7	7	7	1	41	89	118	407	145
The Bronx	3	19	..	..	1	14	6	1	1	4	..	6	14	20	92	46
Brooklyn	6	23	..	1	2	32	27	6	5	1	2	26	71	91	251	151
Queens	2	7	..	..	..	5	4	2	1	2	..	6	7	9	57	27
Richmond	..	8	..	..	..	3	3	1	1	..	..	2	9	9	18	11
Total	23	99	1	4	4	100	83	17	15	14	3	81	190	247	825	380

Corrected Mortality Among Children

Boroughs	Under 1 Year of Age: All Causes	Under 1 Year of Age: Rate per 1,000 Births	Diarrhoel Diseases: Deaths	Diarrhoel Diseases: Rate per 1,000 Births	Diarrhoel Diseases: In Institutions	Diarrhoel Diseases: Other Places	Under 5 Years of Age: All Causes	Under 5 Years of Age: Rate per 1,000 Living.	Diarrhoeal Diseases	Rate per 1,000 Living	Epidemic Diseases	Rate per 1,000 Living
Manhattan	76	74 1	5	4.9	2	3	100	24.4	7	1 7	8	1 9
The Bronx	19	66 6	1	3.5	..	1	29	18 6	1	0.6	5	3.2
Brooklyn	75	60 4	5	5 4	1	4	95	22 4	5	1.2	5	1.2
Queens	11	58 7	1	5.3	..	1	14	13 6	1	0 9	2	1 9
Richmond	9	164 7	1	18.3	..	1	9	39.3	1	4 4	..	....
City of New York.	190	76 4	13	5 2	3	10	247	22.1	15	1.8	20	1 7

During the first fifty-one weeks of this year 9,485 infants died, a rate of 75. per 1,000 births. During the corresponding weeks of last year 9,353 died, a rate of 71. per 1,000 births.

Infectious Diseases in the Department of Health Hospitals

	Willard Parker Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Kingston Ave. Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Queensboro Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Riverside Hospital: Scarlet Fever	Diphtheria	Measles	Miscellaneous	Tuberculosis Pulmonary: Kingston Avenue	Otisville Sanitor.	Riverside Hospital	Grand Total
Rem'g 12-16-'22.	74	77	9	11	26	73	1	34	11	2	..	2		..	..	30	..	559	146	1055
Admitted	24	26	3	16	9	10	2	5	2	7	..	1	2	..	..	2	..	12	8	129
Discharged	77	19	2	7	5	14	..	9	4	2	..	2	..	..	..	6	..	12	7	166
Died	1	2	..	1	..	2	..	..	..	1	..	..	..	..	..	..	..	..	1	8
Rem'g 12-23-'22.	20	82	10	19	30	67	3	30	9	6	..	1	2	..	..	26	..	559	146	1010
Total treated	98	103	12	27	35	83	3	39	13	9	..	3	2	..		32		571	154	1184

Digitized by Google

Deaths According to Cases, Age and Sex

	Total Deaths	Deaths in Corresponding Week of 1921	Males	Females	†Under 1 Year	1 Year and Under 2	2 and under 5	Under 5 Years	5-15	15-25	25-45	45-65
All causes	1452	1332	784	668	190	32	25	247	38	80	287	470
1. Typhoid Fever	3	1	3	..	..	..	..	..	..	2	1	..
2. Malarial Fever	..	..	..	..	..	..	..	..	..	..	..	..
5. Measles	4	6	2	2	2	1	1	4	..	..	..	..
6. Scarlet Fever	2	6	1	1	..	..	2	2	..	..	..	..
7. Whooping Cough	8	5	4	4	5	1	2	8	..	..	..	..
8. Diphtheria	9	20	2	7	..	3	3	6	3	..	..	..
9. Influenza	4	5	1	3	..	..	..	..	..	1	..	3
Poliomyelitis	..	..	..	..	..	..	..	..	..	..	..	..
12. Other Epidemic Diseases	7	1	3	4	4	..	..	4	1	..	..	1
13. Pulmonary Tuberculosis	99	101	60	39	2	1	1	4	1	26	38	24
14. Tbc. Meningitis	5	5	4	1	2	..	2	4	..	1	..	..
15. Other forms Tbc.	7	6	6	1	1	..	..	1	..	2	2	1
16. Cancer, Malignant Tumor	120	114	55	65	..	..	..	..	..	1	14	76
17. Simple Meningitis	3	2	3	..	1	..	..	1	1	..	1	..
17a. Cerebro-spinal Meningitis	1	5	1	..	1	..	..	1	..	..	..	
18. Apoplexy, Softening of the Brain	12	16	6	6	..	..	..	..	..	..	..	7
19. Organic Heart Diseases	337	279	147	190	..	..	..	..	4	8	36	136
20. Acute Bronchitis	4	10	2	2	1	1	..	2	..	..	..	..
21. Chronic Bronchitis	1	3	1	..	..	..	..	..	..	..	..	..
22. Lobar Pneumonia	100	82	63	37	12	6	3	21	1	7	24	34
22a. Broncho Pneumonia	83	76	45	38	31	11	2	44	..	2	5	12
23. Other Respiratory Diseases	11	13	9	2	..	..	..	..	..	2	2	5
24. Diseases of the Stomach (Cancer excepted)	11	11	8	3	..	..	..	..	..	1	1	8
25. Diarrhoeal Diseases (under 5 years)	15	23	8	7	13	1	1	15	..			
26. Appendicitis and Typhilitis	14	12	1	3	..	..	..	..	..	1	2	1
27. Hernia, Intestinal Obstruction	9	11	5	4	1	1		2	..	..	2	2
28. Cirrhosis of Liver	5	6	3	2		..				..	3	1
29. Bright's Disease and Nephritis	95	79	56	39	..	..	..		..	1	13	39
30. Diseases of Women (not Cancer)	8	9	..	8			..			..	5	3
31. Puerperal Septicaemia	3	1	..	3						..	3	
32. Other Puerperal Diseases	11	12	..	11						2	9	..
33. Congenital Debility, and Malformations	89	82	57	32	88	1	..	89	..	..		
34. Old Age	26	6	12	14			..				2	21
35. Violent Deaths	84	61	61	23	4	..	1	5	17	7	21	22
a. Sunstroke	..	..	..	..		..	..			..		
b. Other Accidents	81	58	60	21	3	..	1	4	16	7	20	22
c. Homicide	3	3	1	2	1			1	1		1	..
36. Suicide	14	19	8	6	..					3	7	9
*37. All other causes	254	242	143	111	22	5	7	34	10	13	46	57
38. Ill-defined causes	4	2	4	..	..	..	..	..	..	..	2	2

Deaths in Institutions,	579	Mean temperature,	30.6 deg Fahr
Mean barometer,	29.98	Minimum temperature,	14.0 deg. Fahr.
Mean humidity,	72.0	Maximum temperature,	40.0 deg. Fahr.
Precipitation,	0.65	Snow—0.2.	

†If the deaths under one month, numbering 112 from all causes, be deducted from the total deaths under one year, the resulting rate will be 31 per 1,000 births (weekly average).

*Includes deaths from Erysipelas 6, Syphilis 6, Diabetes 19, Alcoholism 9, Locomotor Ataxia 0, Paresis 10, Arterio-sclerosis 65, all other congenital causes 12.

Digitized by Google

Digitized by Google

LANE MEDICAL LIBRARY

To avoid fine, this book should be returned on or before the date last stamped below.

Digitized by Google

N.Y.City. Dept. of health.
Weekly bulletin.
54666
N.Y. Hist. Soc.
V.10-11
1921-22
NAME
DATE DUE

Digitized by Google

Digitized by Google